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ABSTRACT

This study reports on the Little Hoover Commission's investigation of California's mechanisms for caring for abused and neglected children. Fourteen major findings and corresponding recommendations for addressing findings are presented. The report begins with a brief executive summary, introduction, and background information. The first section addresses findings in the area of ensuring the "Highest Quality of Care." The recommendations address committing to help abused children, managing for improvement, assessing performance, and thinking long-term. The second section addresses findings in the area of "Targeted Abuse Prevention and Early Intervention." The recommendations for this area address intervening early, assessing risk, and watching welfare reform. The third section addresses findings in the area of implementing "Quality Short-Term Foster Care." The recommendations address ensuring temporary placement, healing alcohol and drug abuse, enabling relative foster care, and delivering comprehensive services. The fourth section of the report addresses findings in the area of "Improved Long-Term Outcomes." The relevant recommendations address reengineering the adoption process, supporting permanent placement and assisting independence. Following some brief concluding comments, four appendices include lists of advisory committee members, Little Hoover Commission Public Hearing Witnesses, legislation cited in the report, and methodology for foster care projections. (Contains 141 notes, and 28 charts and graphs.) (SD)

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NOW IN OUR HANDS:

Caring For California's Abused & Neglected Children

August 1999

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Little Hoover Commission

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Richard R. Terzian
Chairman

Michael E. Alpert
Vice Chairman

The Honorable
Bill Campbell
Assemblymember

Carl D. Covitz

Daniel W. Hancock

The Honorable
Sally Havice
Assemblymember

Gary H. Hunt

Gwen Moore

Angie Papadakis

The Honorable
Charles S. Poochigian
Senator

The Honorable
John Vasconcellos
Senator

Sean Walsh

Stanley R. Zax

Study Subcommittee

◆ ◆ ◆ ◆ ◆ ◆

Michael E. Alpert
Chairman

Angie Papadakis

John Vasconcellos
Senator

Commission Staff

◆ ◆ ◆ ◆ ◆ ◆

Jeannine L. English
Former Executive Director
Served August 1988 – January 1999

James P. Mayer
Executive Director

Nancy M. Lyons
Deputy Executive Director

Peter McNamee
Project Manager

Chloe Bullard
Research Assistant

To Promote Economy and Efficiency

The Little Hoover Commission, formally known as the Milton Marks "Little Hoover" Commission on California State Government Organization and Economy, is an independent state oversight agency.

By statute, the Commission is a bipartisan board composed of five public members appointed by the Governor, four public members appointed by the Legislature, two Senators and two Assemblymembers.

In creating the Commission in 1962, the Legislature declared its purpose:

> *...to secure assistance for the Governor and itself in promoting economy, efficiency and improved services in the transaction of the public business in the various departments, agencies and instrumentalities of the executive branch of the state government, and in making the operation of all state departments, agencies and instrumentalities, and all expenditures of public funds, more directly responsive to the wishes of the people as expressed by their elected representatives...*

The Commission fulfills this charge by listening to the public, consulting with the experts and conferring with the wise. In the course of its investigations, the Commission typically empanels advisory committees, conducts public hearings and visits government operations in action.

Its conclusions are submitted to the Governor and the Legislature for their consideration. Recommendations often take the form of legislation, which the Commission supports through the legislative process.

Contacting the Commission and Copies of Reports

All correspondence should be addressed to the Commission at:

- 925 L St., Suite 805, Sacramento CA 95814
- E-mail: little.hoover@lhc.ca.gov
- Telephone: (916) 445-2125 Fax: (916) 322-7709
- Worldwide Web: www.lhc.ca.gov

Additional copies of this report may be purchased for $5 per copy. The report is available on the Commission's website.

State of California

LITTLE HOOVER COMMISSION

August 26, 1999

The Honorable Gray Davis
Governor of California

The Honorable John Burton
President Pro Tempore of the Senate
and members of the Senate

The Honorable Ross Johnson
Senate Minority Leader

The Honorable Antonio Villaraigosa
Speaker of the Assembly
and members of the Assembly

The Honorable Scott Baugh
Assembly Minority Leader

Dear Governor and Members of the Legislature:

More than 100,000 California children wake up every morning in a bed other than their own. They are children who have been so abused, so neglected that the government has taken them from their parents. But their fate, now in our hands, is still uncertain.

These children represent a public trust of the highest order. Yet in many instances we fail to provide for their safety and well-being.

Even more injured children - no one knows how many - are still with their parents. The abuse is hidden or the neglect is not yet severe enough for the drastic step of protective custody. As public leaders, as community members and as adults we share a responsibility to help these children, as well.

The problems of these families are complex. The number of victims is growing. The programs charged with protecting and caring for abused children are overwhelmed. In most communities, there are never enough foster homes. In trying to meet the basic needs of all maltreated children, the specific needs of individual children often go unmet. Inevitably some boys and girls who should be rescued are not. Some boys and girls end up in foster homes that are as dangerous as their own. Contrary to the goal of keeping foster care short-term, for many children foster care becomes an endless nightmare.

Numerous reforms have been made to the State's child welfare programs - a sign of collective concern and growing frustration. Bill after bill has been drafted to mend the latest hole in the overloaded safety net. But still more children end up in foster care, for longer periods, denied the simple comforts of childhood.

Foster care should be - and can be - a healing place and more can be done to make it a nurturing refuge. But foster care is not the cure. Protecting children from abuse and neglect requires a broad spectrum of responses - from preventing abuse and strengthening troubled families, to helping reunited families and adoptive families make this life-altering adjustment.

Prevention and early intervention programs - whether intended to head off initial abuse or recurring abuse - reduce the trauma to children and the demand for foster care. These programs exist, but they are underdeveloped, as most of the funds are reserved for children after they have been taken from their parents.

This is the third time in a dozen years that the Little Hoover Commission has reviewed programs serving abused and neglected children. The Commission appreciates and admires the work of many Californians dedicated to helping maltreated children, from policy-makers who have worked tirelessly to foster parents who have loved generously. But sporadic leadership, ineffective management and a lack of accountability compromise the effectiveness of their labor.

Dozens of federal, state, county and community organizations have some responsibility for abused children. Yet no one person or agency is responsible for ensuring that efforts are coordinated. Children receive the help that programs offer, not what they need. Performance data is muddled or missing. Most of the funding is tied to rescuing children from abuse, rather than protecting children from abuse. And much of the resources are tied to specific services, discouraging agencies from thinking about the multiple needs of individual children.

The benefit of the numerous reforms and pilot projects is that lessons have been learned. The most productive reforms have tried to integrate the efforts of single-tasked government agencies. But most of these reforms are not statewide or system-wide.

To clarify the importance of this public mission, the Commission urges policy-makers to establish clear goals and direct the involved agencies to vigorously pursue them.

To solve the management issues, the Commission recommends that an Undersecretary of the Health and Human Services Agency be charged with responsibility for these children and the authority to focus programs on their needs.

To infuse accountability, the Commission recommends specific steps that should be taken to measure performance and allow for program managers and policy-makers to expand the best available reforms statewide.

Some of the tasks that the Commission would assign to the new undersecretary could be assigned to the existing management structure. But given its fragmented nature, to do so would hamper the possibility of success. Among the assignments is to forge a better partnership between state and county agencies, which can best be accomplished by an official capable of resolving problems at the state level that are limiting success at the county level.

The Little Hoover Commission stands ready to assist you in these efforts.

Sincerely,

Rich Terzian

Richard R. Terzian
Chairman

Now In Our Hands:

Caring For California's Abused & Neglected Children

August 1999

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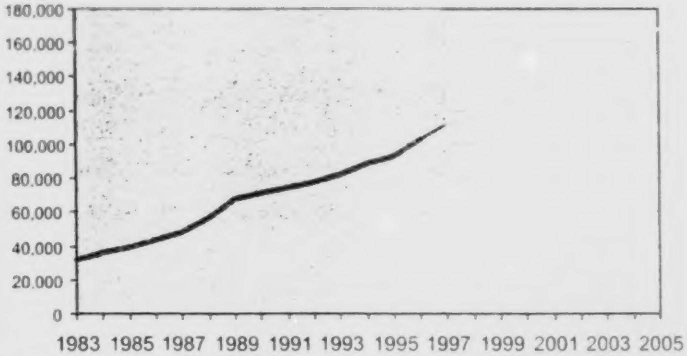
Executive Summary

In the shadow of California's prosperity, the plague of child abuse and neglect grows more severe. An increasing percentage of a growing population of young people is flooding a child welfare system that has proven incapable of healing the complex problems of traumatized children.

California is failing to protect and care for abused children. Consequently, an increasing number of children are growing up broken – hurt by their parents and let down by the system intended to be their refuge.

Children in Foster Care Have Tripled Since 1983



At this rate, 167,000 children could be in the State's care by 2005

Projections based on data from Child Welfare Research Center, 1994 and 1997. Dept. of Finance population projections. See Appendix D for methodology.

The tragedies unfold child by child, but the trauma is universal. Often under the scourge of drug and alcohol abuse, parental love and patience lose out to abuse and severe neglect. The government intervenes, and nearly 100 times a day somewhere in California a child is placed into foster care. Despite benevolent intentions and billions of dollars, the government has proven to be a poor surrogate parent in these cases – seemingly incapable of ensuring that these children receive the education, medical care and counseling that all children need. In the end, troubled children often end up as troubled adults. The personal anguish becomes a public calamity.

The mounting numbers indicate something is very wrong. Over the last 15 years, the proportion of children in foster care has more than doubled. The absolute number of children in foster care has tripled. If the trend continues, by 2005 more than 167,000 California children could be in state-supported care – the equivalent of 8,000 kindergarten classes.

When the Little Hoover Commission started this review, its initial focus was on foster care – the public program to temporarily parent children rescued from abusive homes. But as with other social maladies, the traditional prescription is not the cure. Foster care is not stopping the abuse or healing the trauma. As a result, the Commission stepped back and took a broader look. The purpose of the public policy is – or at least should be – to reduce the abuse of children, to protect and care for those children who are abused, and to provide for abused children a nurturing and permanent home – either with their natural family or a new one. Toward that end, the Commission advocates a holistic and child-centered approach to this problem, from prevention to aftercare.

The Commission's conclusions are also influenced by its previous work – in 1987, when there were 48,000 children in foster care, and in 1992 when there were 78,000 in foster care. Now, dozens of legislative and administrative reforms later, 105,000 children are in foster care. Overall, progress has been slow, isolated and limited. The system remains so complex that resources cannot be used where common sense and research say they should be used. So many agencies have a role that no one has responsibility.

It has become clear to the Commission that above all California needs to put in place a management structure to identify and solve problems – not to find ways around the bureaucracy, but to fix the bureaucracy; not to estimate trends, but to measure performance. Legislative and gubernatorial support is essential. The innovation and initiative of county social service agencies also are critical. The missing linchpin, however, is overarching state management that is accountable for the protection and care of vulnerable children.

Each year more than 700,000 cases of suspected abuse are reported to California authorities. Some 36,000 of those children are found to be in so much danger that they are taken from their parents and placed into foster care.

For some children, foster care is the temporary and nurturing refuge it is supposed to be. But for most children, "temporary" drags into months and years. They are bounced from one "home" to another. Some are adopted, others are reunified with their families, and still others spend the rest of their troubled youths in the system. Many children who do leave foster care, return to parents who are still unfit; the children are abused again, and cycle back into the system.

Because children are entering the system faster than they are leaving it, the number of children in foster care is growing at a faster rate than the number of children in California. In many counties, social workers are overwhelmed by this challenge alone. The system is struggling so much to care for the wounded, that not enough is being done to stop the harm.

From the beginning of this study, the Commission heard a chorus of support for fundamental change built around the needs of children who by accident of birth are denied a nurturing childhood. Throughout the course of this study, the Commission found diligent professionals and community leaders striving to curtail child abuse and strengthen families.

But the evidence indicates that child maltreatment is still growing. And the experience of the last decade is that the tide will not be turned by piecemeal reforms or narrowly defined pilot projects.

Highest Quality of Care

A comprehensive response to this problem requires three important steps. First, the State's top elected officials need to make a full commitment to give the highest quality of care to abused and neglected children. Secondly, new administrative leadership and attitude are needed to prevent abuse, improve care for children in short-term foster care, and promote long-term successful outcomes for children. Finally, to resolve implementation issues and ensure progress is made, child welfare efforts need to be continuously reassessed. This evaluation should be based on consistent, longitudinal data and rigorous analytical research.

"Highest quality of care" is the care and opportunities that nurturing parents would provide their own children to prepare them for adulthood.

The following findings and recommendations define the specific reforms the Commission believes are necessary to help mend the broken hearts and bruised minds and bodies of California's abused children:

Finding 1: The State has not met its obligation to protect and care for abused children.

Policy-makers should affirm the extraordinary obligation that the State has to care for abused children and the imperative to prevent abuse by helping troubled families. This affirmation should be expressed as clear goals for public agencies to pursue. Among them:

1. When possible, children must be spared the trauma of abuse through targeted prevention efforts.
2. When prevention fails, the State must intervene quickly to protect the child, treat the trauma, and provide high quality care.
3. When it is in the best interest of the child, intense efforts should be made to safely reunify the family. Otherwise, intensive efforts should be made to permanently place the child in a family-based setting that satisfies the child's needs.
4. When children leave foster care, assistance should continue to help them secure their footing on the path to adulthood.

Despite the difficulty of this task, there are reasons for optimism. First, federal, state, and local child welfare agencies increasingly agree on how the system should conceptually work. Second, previous initiatives provide a foundation for implementing comprehensive reforms. Finally, there is broad agreement that incremental change is no longer acceptable.

Recommendation 1: The Governor and Legislature should fully commit the State to protect and care for abused children. The Governor and Legislature should:

- ✓ *Make child safety, well-being and permanence a high priority.* The State's chief policy-makers need to make it clear to public agencies, community leaders, and the public at large that preventing abuse and caring for abused children is a top state priority. When the State assumes the role of parent, it assumes the responsibility and the obligation to provide the highest quality of care.

- ✓ *Adopt clear goals.* This commitment can be best expressed as clear goals directing public agencies and service providers to prevent abuse, ensure foster care homes are nurturing refuges, reunify families or find permanent alternatives, and support those children as they continue to heal and mature.

Finding 2: State programs are not organized, managed, or funded to comprehensively meet the State's obligation to abused children.

The Department of Social Services is responsible for child welfare, foster care, and adoption programs, but dozens of state and county agencies provide essential services to abused children. Similarly, programs are funded from several federal and state sources, each with separate restrictions on how the money can be used. These artificial barriers thwart efforts to address the multiple problems inflicting these families, especially drug and alcohol abuse. The diffused authority and narrow funding streams leave gaps in the safety net – as a result, more children are abused and more abused children receive inadequate care.

Decades of experience demonstrate that money alone will not solve this problem. Nor can the State direct local agencies to integrate care without integrating its own efforts. The State must create a management infrastructure that coordinates programs, eliminates duplicative administration costs, and holds administrators accountable for getting the job done.

Recommendation 2: The Governor and Legislature should create in the Health and Human Services Agency an Office of Child Services, headed by an Undersecretary of Child Services, responsible for preventing child abuse and caring for abused children. The Undersecretary should be directed to:

✓ ***Improve partnerships.*** The Undersecretary of Child Services should establish a council of federal, state, and local partners to define and implement reform strategies and determine responsibilities for preventing child abuse, providing high quality care, and improving outcomes for abused children.

✓ ***Increase performance accountability.*** The Undersecretary of Child Services should have clear authority and responsibility to direct state programs serving abused children and be held accountable for the performance and outcomes of those programs.

✓ ***Create an accurate child abuse database.*** The Undersecretary of Child Services should compile and maintain a comprehensive and consistent database on the status of affected children, and on the characteristics, demographic factors and impacts of child abuse in California. This data should be publicly available to promote understanding of child abuse, its prevention, remedies, and consequences.

✓ ***Adopt comprehensive performance measures.*** The Undersecretary of Child Services should clearly define a comprehensive set of performance standards and outcome measures for all programs serving children vulnerable to abuse.

✓ ***Identify best practices.*** The Undersecretary of Child Services should research, evaluate, and identify practices that produce the best outcomes for children, have the highest return on investment, and can be replicated to produce the highest quality of care for vulnerable children. The Undersecretary should ensure these practices are implemented to the maximum extent feasible.

✓ ***Reengineer the funding process.*** The Undersecretary of Child Services should lead a multi-department effort to integrate the resources of state programs serving children vulnerable to abuse and at-risk families. The effort should include pursuing federal waivers to meld funding streams and eliminate program-based barriers to high quality care. The Undersecretary also should consider financial incentives for foster care and service providers, such as those who successfully provide stable homes for children who have moved from one placement to another.

✓ ***Assist recruitment and expand training.*** The Undersecretary of Child Services should help counties and providers recruit, train, and retain an adequate cadre of professionals from a range of disciplines, including health, mental health and child development. This should include expanding initiatives such as educational scholarships for county social workers and collaborative efforts with universities to meet the demand for qualified workers.

Finding 3: The State does not systematically assess the performance of child abuse programs, reduce the barriers to quality services and replicate successful strategies.

Policy-makers do not receive the information needed to develop comprehensive child abuse policies and program administrators do not have the information needed to manage for results. The information that does exist is intended to gauge compliance with regulations – rather than assess the performance of programs, measured by the effects these efforts are having in the lives of children. As the Department of Finance concluded in 1997, despite efforts to collect that information, "it was not possible to assess the effectiveness of specific child welfare programs."

Recommendation 3: The Governor and the Legislature should direct the Undersecretary to regularly report on the performance of child abuse programs. The report should include:

✓ *Outcome-based measurement.* The Undersecretary of Child Services should annually report to the Governor and the Legislature on the quality of care and achievement of child-based outcome measures in the area of safety, well-being and permanence. To gauge cost effectiveness, each program serving abused children should detail the number of children served and expenditures made to achieve the State's goals for these children.

✓ *Recommendations for improvements.* The Undersecretary of Child Services, based on the examination of best practices, other research and evaluations, should recommend to the Governor and Legislature statutory changes necessary to improve outcomes for abused children.

✓ *Improved support for local initiatives.* The Undersecretary of Child Services should identify and report to the Legislature and the Governor on opportunities for the State to improve support for local initiatives successfully serving abused children and their families, including incentives to counties the replicate proven strategies.

Finding 4: The State has not fully recognized the impact of child abuse on broader public goals such as reducing crime, improving adult self-sufficiency, and increasing the productivity and well-being of the State's residents.

In studies on prison operations, child care, school finance, child support enforcement, juvenile justice, and health care the Commission has recognized the relationship between successful public policies for children and the state's long-term well-being. Recent studies by the RAND Corporation assessing early intervention programs, the University of Wisconsin regarding outcomes for foster youth, and the U.S. Department of Justice regarding impacts of child abuse on violent crimes and incarceration rates, all point to a connection between child abuse and long-term adult problems.

Programs addressing child abuse should be developed in the context of the downstream consequences. Successful programs will save money. Failed programs will cost even more.

Recommendation 4: The Governor and the Legislature should integrate the consequences of child-based programs into policy decisions promoting the broader public interest. Specifically, policy-makers should:

- ✓ ***Consider long-term impacts.*** The Undersecretary of Child Services should, in the annual report to the Governor and the Legislature, assess how child abuse programs and trends will impact other social, criminal justice, and health programs in the future. The Undersecretary also should recommend policy changes that would reduce long-term public costs.

- ✓ ***Assess impacts of child abuse on adult maladies.*** The Undersecretary of Child Services should work with criminal justice, public assistance, and health care offices to identify adults who were abused as children. Based on that information the Undersecretary should refine child welfare programs to produce better long-term outcomes.

- ✓ ***Invest to reduce long-term costs.*** The Department of Finance should assess and report annually how investments in children's programs are impacting the costs of other state programs and recommend ways those investments can be used to reduce long-term costs.

Targeted Abuse Prevention and Early Intervention

The State does not focus enough resources on preventing child abuse in the first place. Researchers have found that prevention, early intervention, and family preservation programs can reap immense benefits – to children, their families and the public at large – if the programs are targeted at high-risk families. The success of these programs – and the ultimate safety of children – rests in part on the assessment tools used to determine when children can safely stay with or be returned to families.

Finding 5: Child abuse prevention and early intervention efforts fall short of their potential to protect children from harm and spare families the trauma of losing children to foster care.

Successful prevention and early intervention efforts educate new parents about healthy child rearing, strengthen the ability of families to resolve conflicts in non-abusive ways, and target assistance to reduce financial and social stresses that can cause abusive behavior. The State is slowly expanding its support for community-based prevention and intervention efforts. However, children still must first be removed from families before they are eligible for most of the services they need. One study found that more than 90 percent of the families reported for abuse did not receive family preservation services before the child was put into foster care. Most of these families received emergency services, but those were limited to assessments and referrals.

Recommendation 5: The State should expand cost-effective child abuse prevention and early intervention efforts. The Governor and Legislature should:

✓ *Require consistent performance evaluation.* The State should require pilot and demonstration projects to adhere to rigorous common data collection and assessment methods.

✓ *Leverage local resources.* Legislation is needed to promote the use of local resources, such as Proposition 10 funding, to decrease the need for foster care, child welfare services, and other public assistance programs by preventing child abuse and strengthening families.

- ✓ ***Replicate proven models.*** The State should encourage innovative programs by funding pilots, conducting rigorous evaluation and aggressively replicating and expanding cost-effective strategies to minimize child abuse and the need for foster placements.

Finding 6: The State lacks an accurate and dynamic assessment tool to measure the risk to vulnerable children and determine the best approach to promote their well-being.

Perhaps the most critical link in the government's response to child abuse is how it assesses a family in crisis. In some counties the decision to remove children from parents is driven largely by a zero tolerance toward parents with drug abuse problems. In other counties, more emphasis is placed on keeping families intact. On a day-to-day basis, these decisions are influenced by the availability of foster care, the number of incoming abused children, and shifting sensitivity to removing children based on yesterday's headlines. At the same time, researchers have found that it is common for authorities to receive several reports of abuse before children are removed from the home, suggesting that in some cases abuses are repeated before that step is taken. As discussed above, most families receive little assistance before conditions become so severe that children are removed.

The decision to keep children in the care of their parents or remove them should be determined by what is in the best interest of the child. Which county the child lives in should not affect the decision. Nor should children be subjected to repeated abuse because of inadequate assessment.

The best assessment tools are a combination of instinct, experience and science, and the State is trying to improve the ability to determine risk. This effort should not be a one-time task, but an ongoing effort to improve the ability of caseworkers to make one of the hardest decisions public employees are required to make.

Recommendation 6: The Department of Social Services, in partnership with federal and local government agencies, should develop accurate and dynamic assessment tools for statewide use. Specifically, the department should:

- ✓ ***Develop accurate safety assessment tools.*** The State should expedite efforts to develop tools that accurately assess the risk in maintaining children with their families or returning them to their families.

- ✓ ***Develop accurate assessment tools.*** The State should expedite efforts to develop family and child assessment tools to determine the care and services children need to be swiftly, safely and successfully reunified with their parents or placed in an alternative permanent home.

- ✓ ***Provide training and technical assistance.*** The State should promote statewide training and technical assistance to expedite full implementation of these tools by counties.

Finding 7: Welfare reform could further stress families, making more children vulnerable to abuse and neglect.

While it is too early to determine how CalWORKs implementation will impact foster care, the State should try to reduce risks to low-income children from welfare reform changes. In particular, the State needs to assess whether welfare reform is impacting the well-being of children, and if necessary adopt strategies to minimize child abuse and neglect in families receiving or leaving CalWORKs assistance.

Recommendation 7: Policy-makers should monitor implementation of welfare reform and mitigate any harmful impacts on children. The Governor and the Legislature should:

- ✓ ***Monitor the impact of welfare reform on child abuse.*** The State should require the Department of Social Services to monitor and routinely report on the impact of CalWORKs on the well-being of children. DSS also should recommend ways to reduce the possible harmful impacts of these reforms on children.

- ✓ *Strengthen vulnerable families.* The State should target resources and services at welfare families at risk of losing children to foster care because of increased stress resulting from welfare reform.

Quality Short-Term Foster Care

The foster care caseload is growing because more children are entering the system, they are staying longer in foster care, and too many children return to foster care after a failed attempt to reunify them with their families. The time lines created to prevent children from languishing in foster care are inadequately enforced. And while children wait in foster care for their parents to resolve their problems, the parents are often waiting for the services intended to help cure their ills. The State must fully live up to its obligation to care for and nurture abused children in its protection. By healing the traumas of maltreatment, the State can speed these children toward successful adulthood.

As required by federal and state law, "reasonable efforts" must be made to help parents safely reunify with a child in foster care. When parents do not receive these services, judges cannot terminate parental rights and free the child for adoption.

Finding 8: Children are staying in temporary placement too long – aggravating the trauma of separation and limiting opportunities for permanent placement in nurturing families.

One in four children in foster care in California spends more than 4 years in care. Despite state and federal legislation to shorten stays in foster care, too many children stay too long in foster care. Judges frequently must extend foster care for children because "reasonable efforts" have not been made by county child welfare agencies to reunify the family. Counties argue they do not have the resources to comply with the reasonable efforts requirement within statutory time frames.

Recommendation 8: The Undersecretary of Child Services should lead a partnership of social service and judicial agencies to reduce the time children are in temporary placement. To support that effort, the Governor and the Legislature should:

- ✓ *Assess compliance with time requirements.* The State should assess county compliance with time lines for terminating parental rights and conducting permanent placement planning. The State also should identify best practices to improve outcomes.

✓ *Fund services.* The State should target assistance to counties to ensure adequate resources are available to meet "reasonable effort" requirements within prescribed time frames.

✓ *Require inter-jurisdictional case management.* The State should require the development of effective case management tools to coordinate the services needed to help abused children, and reunify families or achieve alternative permanent placement.

Finding 9: Alcohol and drug use is epidemic among abusive parents and too often shortages in treatment delay successful permanent placement of children.

Child welfare advocates, judges, child welfare administrators, and academics estimate that drug and alcohol abuse is a significant factor in up to 80 percent of foster care cases. The Department of Alcohol and Drug Programs reports 59 percent of the women in prenatal substance abuse treatment have an active child welfare case, and 21 percent of their children are in foster care. Other studies indicate as much as 66 percent of child fatalities involve parents or caretakers who abuse alcohol and other drugs. Yet treatment has not been integrated into child welfare programs.

Recommendation 9: The Undersecretary of Child Services should ensure alcohol and drug treatment programs are adequately funded and integrated into foster care programs. Specifically, the Undersecretary should:

✓ *Make foster care families a priority for treatment.* The State should earmark alcohol and drug program funding to provide intensive treatment services to children and to parents of children who are vulnerable to abuse or are already in foster care.

✓ *Track service delivery.* Judges need timely and accurate information on whether "reasonable efforts" are being made to ensure parents receive drug treatment. Similarly, drug courts and dependency courts should be better coordinated to deal with overlapping cases.

✓ *Fund case management for parents.* Adequate funding should be provided so social workers can ensure that natural parents requiring drug treatment receive the necessary services. In particular, state officials should pursue federal funding to help counties satisfy the federal requirement to make reasonable efforts to reunify families.

- ✓ ***Expand public-private partnerships.*** Efforts should be made to promote community-based public and private partnerships to support substance abuse treatment and sustained sobriety before and after family reunification. Community-based organizations like Alcoholics Anonymous and childcare service providers should be enlisted to help parents maintain sobriety and to promote safe environments for children.

- ✓ ***Report on progress.*** The Undersecretary's annual report should assess the impacts of substance abuse on foster care and efforts to integrate substance abuse treatment into foster care programs.

Finding 10: ***Relative foster care placements tend to be of longer duration than traditional foster family care and disproportionately contribute to foster care caseload growth.***

The concept of relatives fostering children is not new. Historically, foster care and child welfare programs were designed to meet the short-term needs of children until they could be safely returned to parents or placed permanently with an appropriate substitute. In many cases, placing abused children with responsible relatives may be the preferred alternative when returning them to parents is not feasible.

However, in the rush to expand kin care and capture its benefits, some adverse consequences have emerged. For a variety of reasons, relative placements tend to be of longer duration than other foster placements. The State needs to be aware of these impacts and recognize that kin care is often a longer-term commitment.

Recommendation 10: ***The Governor and Legislature should enact legislation to support relative placements as long-term placements. The legislation should:***

- ✓ ***Require examination of relative placements.*** The Undersecretary of Child Services should assess the use of relative foster care to develop a better understanding of how well those arrangements are meeting the needs of abused children and to determine the ability of relatives to satisfy the growing demand for foster care. The Undersecretary should recommend any policy changes needed to help relatives care for abused children placed with their families.

✓ ***Recognize relative placement as a unique status.*** The State should recognize the quasi-permanent nature of many kin foster families, provide for their unique service needs, and amend permanent planning requirements to reflect their status.

✓ ***Revise the support formula for relative foster families.*** The State pays a reduced level of support to relatives caring for children who come from families that are not eligible for federal welfare assistance. The rates should not be based on the financial status of the child's natural family, but on the needs of the child in their kin foster home.

Finding 11: While children in foster care are eligible for services, they often do not receive the help necessary to treat their trauma or meet their developmental needs.

There is an expectation that when children become dependents of the State, they receive the help needed to lead normal lives. These children are eligible for an array of services - such as health care, mental health counseling and educational assistance. But the system that provides these services is so fragmented, anemic, and disorganized that it regularly fails to meet the needs of these children.

Recommendation 11: The Governor and Legislature should direct the Undersecretary of Child Services to monitor, assess, and where necessary revise programs to ensure that dependent children receive needed services. The legislation should require:

✓ ***Expanded mental health services.*** The Undersecretary of Child Services should complete the expansion of the mental health "system of care" statewide.

✓ ***A plan for service delivery.*** While county officials prepare individual needs assessments for children, those plans should detail how the needs will be met and who will be responsible for ensuring the services are provided.

✓ ***Evaluation of service delivery.*** The Undersecretary should evaluate mental health, health, dental, and vision care services for foster care children; measure the extent foster care children are being denied these services; and, identify obstacles to high quality services. The assessment should include the impacts of out-of-county placements and managed health care on the delivery of services.

✓ *Corrective action plans.* Departments should be directed to develop plans to correct deficiencies in mental health, health, dental and vision care service delivery to foster care children, identify costs and benefits. They should seek legislative and state budget approval for authority to implement plans to provide a comprehensive system of care for children in foster care.

Improved Long-Term Outcomes

Child abuse and foster care programs have been historically shortsighted, limiting the assistance provided to children when they are reunified with their families or adopted by new families. In many cases, natural parents have not resolved the problems that led to the original abuse, and the children have developed behavioral problems associated with the abuse and the trauma of being separated from their family. As a result, the reunification or adoption fails and children cycle back into the foster care system – further scarred and even less likely to find permanent homes where they can grow into independent adults. A number of reforms are needed to improve long-term outcomes for abused children.

Finding 12: The adoption process is unnecessarily tedious and cumbersome, frustrating the goal of increasing the number of successful foster care adoptions, particularly for older children.

Despite increased efforts not enough of the children in foster care are being adopted. The Department of Social Services foresees that only about 6,000 of the 105,000 children in foster care will be adopted each year. The department and its foster care partners are taking steps to streamline procedures. But more needs to be done to recruit and assist adoptive parents, particularly if time limits for terminating parental rights are to be met in the future. And while the State has expanded assistance to adoptive families, it is not enough to help these new families cope with the challenges of raising a child who was abused.

Recommendation 12: The Governor and Legislature should expedite adoptions of children in foster care. The legislation should require:

- ✓ ***An analysis of reunification failures.*** The Undersecretary of Child Services should study the characteristics of foster care cases where reunification efforts fail and recommend legislation to expedite termination of parental rights in these cases and free children for adoption or other permanent placement.

- ✓ ***Expanded adoption outreach efforts.*** The Undersecretary of Child Services should recommend to the Legislature and the Governor ways to expand outreach efforts to adoptive parents and further streamline the adoption process for children in foster care.

- ✓ ***Improved post-adoption support.*** The Undersecretary of Child Services should be directed to study and recommend to the Legislature and the Governor ways to improve post-adoption support for children and reduce the reentry of adopted children into the foster care system.

Finding 13: Programs to support reunified families or support successful permanent placements are insufficient. Too frequently permanent placements fail because support services are terminated when children leave foster care.

To reduce the number of children returning to foster care, the State needs to develop adequate support services for children leaving the system. DSS reports that between 6,000 and 8,000 children return to foster care each year. A study of children exiting foster care indicated that almost one-fourth of the children returned within three years. A significant portion of the foster care caseload could be eliminated if foster care reentry could be prevented.

Recommendation 13: The Undersecretary should develop a strategy for improving the success rate of permanent placements. The strategy should include:

- ✓ ***Development of service standards.*** The Undersecretary of Child Services should study strategies for successfully reunifying families and supporting adoptions, and develop protocols and service standards to reduce reentry into foster care.

✓ ***Recommendations for improvement.*** Based on the application of these protocols, the Undersecretary of Child Services should recommend to policy-makers additional steps the State should take to support reunified and adoptive families. The measures should be as customized as possible and cost-effectively reduce the future public costs associated with the persistent problems of children who were in foster care.

Finding 14: The State puts its investment and foster youth at risk by failing to help children "aging out" of the child welfare system to successfully transition to self-sufficiency.

In California foster care eligibility is generally terminated at age 18 and is extended to age 19 under limited circumstances. Aside from testimony at public hearings, case studies offered by social service agencies, and a few academic investigations, little is known about what happens to foster youth after they leave foster care. Still, the consensus is that many of these youth are ill-prepared to take care of themselves. A study of Wisconsin foster youth found that in the 12 to 18 months after leaving foster care most youth experienced significant problems managing their lives. Many fell prey to victimization and abuse or ended up in the criminal justice system. The State and the foster youth would be better served if these youth were assisted in the transition to independent adulthood, as has been proposed by recent legislation.

Recommendation 14: The Governor and Legislature should enact legislation to assist youth in the transition from foster care to independent living. Components should include:

✓ ***Expanded transitional services.*** More transitional support is needed for youth aging out of foster care, particularly in housing, education, employment, and health services. Public non-profit organizations such as "Pride Industries," which employs CalWORKs beneficiaries and people with developmental disabilities, could be called on to help foster youth transition into the workplace and adulthood.

✓ ***Extension of the age cap.*** The State should extend foster care eligibility through age 21 as long as these youth are enrolled in high school, GED, or vocational/technical programs full time and make diligent efforts toward completion.

✓ ***Earmark scholarship funding.*** The State should assist former foster youth interested in pursuing higher education through scholarships or tuition forgiveness. The Student Aid Commission and the Office of Child Services should administer the scholarships, track scholarship recipients, and report to the Legislature on outcomes of foster youth.

✓ ***Track outcomes and mentor when needed.*** The State should monitor emancipating youth and intensify mentoring and other assistance to those struggling with their independence. Based on this monitoring, the State should assess the effectiveness of foster care programs and transitional services.

Conclusion

Each case of child abuse is a personal tragedy. Taken together, child abuse is a social malady with far-reaching consequences for all Californians. To reduce the number of children in foster care, the State must reduce the need for foster care, shorten the time children are in foster care, and prevent children from returning to foster care. The State should fulfill this obligation with the same dedication and persistence that would be expected of a good parent. It is past time for policy-makers to dedicate the will and resources and to create the management structure necessary to comprehensively respond to this problem.

Introduction

As California's population grows, the sheer volume of child abuse can be expected to increase. Growing caseloads create more than enough challenges for most social programs, and so it is for child welfare agencies. They must respond to more calls of suspected maltreatment, help more families in crisis, and find foster homes for more children.

But the incidence of child abuse appears to be growing faster than the general population. The complexity of problems and the consequences associated with child abuse are growing as well.

Some professionals involved in caring for these children have concluded that the foster care system itself is part of the problem. At the very least, marginally effective foster care programs are being overwhelmed by the same factors that are destroying families – chief among them, hard core drug abuse. Either way, the dangers to children have grown severe and the efforts to save them are inadequate. Consider:

- ☐ ***Children are entering foster care earlier and staying longer.*** The average age for children entering foster care in 1996 was 7 years; in 1997 it was 6.8 years; in 1998 it was 6.5 years. The average age for children leaving foster care in 1996 was 8.7 years; in 1997 it was 8.8 years; in 1998 it was 9.1 years.[1]

- ☐ ***Children are cycling through the system more often.*** While the primary goal is to ensure a permanent and nurturing home for abused children, the system is losing ground in its efforts to heal and reunify families. In 1991, fewer than 20 percent of the children who returned to their homes reentered foster care within three years. By 1994 the percentage had reached nearly 23 percent.[2]

- ☐ ***The problem is growing more costly.*** Child abuse programs in the Department of Social Services (DSS) alone cost more than $3 billion annually. Between fiscal years 1994-95 and 1998-99, the budget for DSS child abuse programs increased by more than $1 billion.[3] Billions more are spent for health care, mental health, special education, court administration, substance abuse treatment, and other programs.

- ☐ ***The problem is growing in consequences.*** Children who were in foster care are not tracked into adulthood. But there is evidence that abused children, who are then inadequately cared for in foster care, continue to suffer as adults. They are frequently victims of violent assault and sexual abuse. They also are frequently dependent on public assistance programs, or become criminals and are incarcerated. A study in Wisconsin indicated that one in three former foster care youth were back on public assistance within 12 to 18 months of leaving foster care.[4]

The Commission studied this issue in 1987 and again in 1992. Then, as now, the Commission found a bad situation that was getting worse. In 1987 the Commission reported:

> *The baby boom of the 1980s combined with the social and economic pressures of recent years have resulted in a startling number of young children living in poverty. Unfortunately, even though approximately $5.9 billion of funding is administered by the State each year for children's services, the State's fragmented delivery system is not equipped to deal with the large numbers of children requiring services. This occurs because the current children's services system is uncoordinated and does not have well-defined responsibilities. As a result, no single agency has responsibility for providing the full range of services needed by many children.*[5]

Again in 1992 the Commission noted:

> *The Commission has reviewed California's Child Welfare Services Program for the second time in five years and is dismayed to discover that many of the same problems and trends are still evident.*[6]

As part of this latest review, the Commission formed an advisory committee, soliciting the opinions of more than 120 people whose professional and personal lives have been dedicated to caring for abused children. The advisory committee met six times to help the Commission understand the system, define the problems and consider potential reforms. A list of advisory committee members is contained in Appendix A.

The Commission conducted three public hearings to receive testimony from children in foster care, parents, foster care providers, program administrators at the federal, state and local level, private and public adoption program administrators, and representatives from the courts and child advocacy organizations. Two hearings were conducted in the State Capitol in Sacramento and a third in San Francisco. A list of the witnesses is contained in Appendix B.

In addition, Commissioners toured a number of foster care facilities. The Commission interviewed children, juvenile court judges, child advocates, program administrators, and community leaders concerned about child abuse and its impacts. The Commission visited foster care programs in San Diego, El Dorado, San Francisco, and Los Angeles counties. It examined previous research and the available statistical data.

The Commission is grateful to those who shared their experiences and wisdom. Their stories affirmed for the Commission California's collective obligation to better care for abused children.

In 1987, the Commission urged the Governor and the Legislature to make fundamental changes:

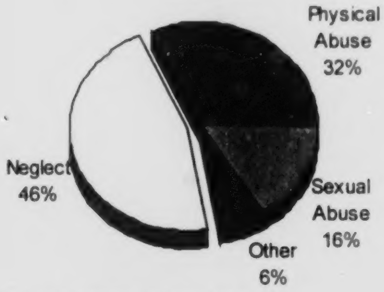
> *The Commission believes that without a drastic rethinking and restructuring of our State's children's services delivery system, a significant portion of our next generation of children will not be able to assume responsible roles as productive members of society. Moreover, many of these youths ultimately will end up being supported by the State in its criminal justice institutions, welfare system, state hospitals, and other state-supported care facilities and programs.*[7]

For that generation of California children reform is too late. For the next generation there is still time to act.

Background

Like the families they serve, the child welfare system has changed over time. What started as a program to help children who were orphaned or abandoned has evolved into a program to rescue children who are abused or seriously neglected by their parents. By all indications, this problem is growing in size and severity. In turn, public programs have grown in complexity and cost.

Most Reports Are For Neglected Children



Source: Child Welfare Research Center, 1996

Maltreatment is often hidden from view. Often times abuse that has occurred for much of a child's life is not detected until that child shows up at school. Statistics measuring the volume of abuse actually represent only those cases of reported abuse. Our knowledge rests in part on the effectiveness of detection efforts. As a result, an ironic liability of activities to prevent abuse is the detection of more abuse.

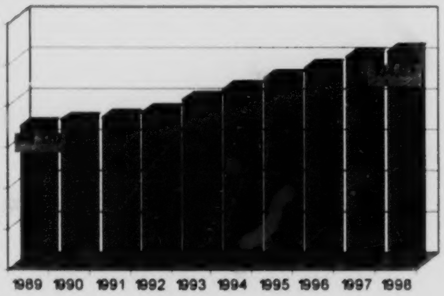
Child abuse is defined in the law as physical injury that is not accidental, willful cruelty or unjustified punishment, or sexual exploitation. Neglect by a parent or caretaker is defined as the failure to provide adequate food, clothing, shelter or supervision. Typically, only the severest forms of neglect trigger intervention by child welfare officials. Maltreatment is often used to mean abuse or neglect. For purposes of this report, "abused" and "maltreated" include all forms of abuse and neglect that lead to public intervention.

Gauged by intervention – and especially the number of children in foster care – maltreatment is growing in California, both as an absolute number and as a percentage of children.

In 1990, child welfare authorities in California received 554,000 reports of suspected child abuse. In 1996, authorities received 706,918 reports.[8] The plurality of reports logged were for child neglect — 46 percent. Physical abuse represented approximately 32 percent of reports. Sexual abuse accounted for about 16 percent of reports.[9]

In turn, the number of California children in foster care also has increased. Since 1989, the foster care caseload has grown by more than 50 percent – nearing 105,000. Some of this growth can be attributed to the increasing number of children in California.

Foster Care in California Has Dramatically Increased



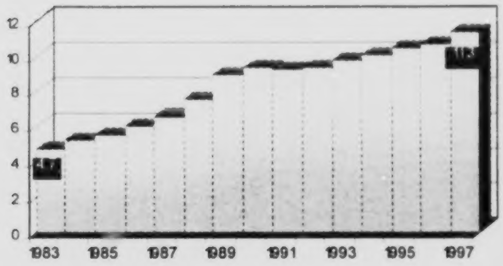
Source: DSS Foster Care Information System. Counts on June 30

However the rate of children in foster care also is growing – from fewer than 5 children per thousand in 1983 to more than 11 children per thousand in 1997.[10]

Forces Driving Increases in Foster Care

Sociologists attribute the growth in the foster care caseload to several socioeconomic factors: More children are living in poverty. More families are headed by single parents. And more parents are abusing drugs and alcohol.

A Growing Proportion of California's Children Are In Foster Care



Foster children per thousand California children
Data from DSS and Dept. of Finance

Most children in foster care come from families that meet eligibility requirements for welfare. Experts disagree as to why more reports of abuse and more foster care children come from poor families. Some argue that poverty increases stress on parents and promotes abusive or neglectful behavior. Others contend affluent families have the resources to remedy abuse or hide the abuse better than poor families.

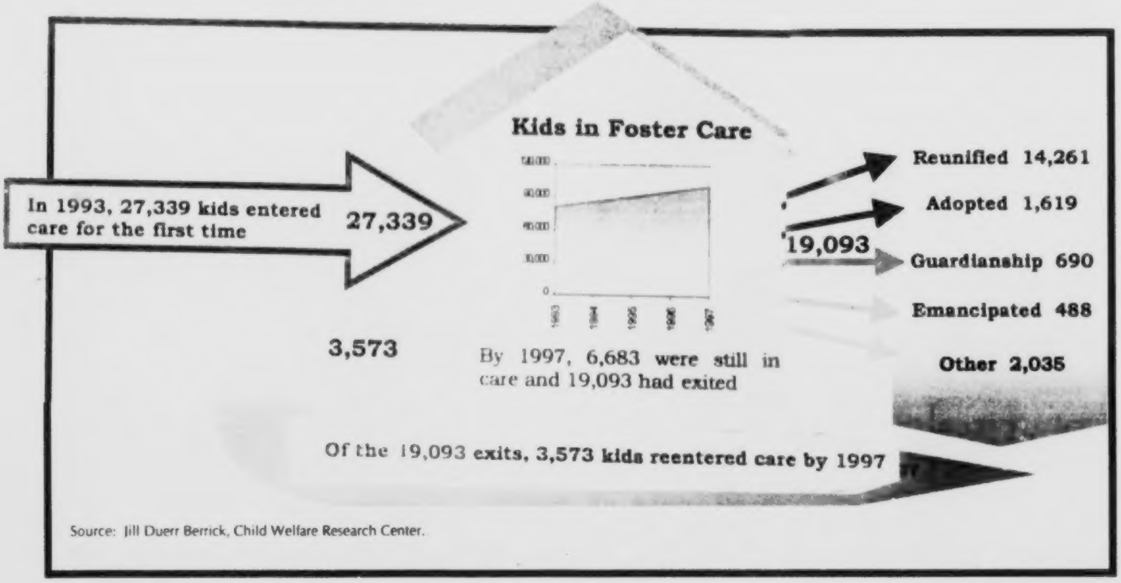
Some researchers believe more single parents lose children to foster care because the family lacks an alternative non-abusive parent to take custody of the child - and so some of the increase can be attributed to increases in the number of low-income single parents. But researchers also note a significant connection between foster care and stepped up prenatal substance abuse detection among pregnant low-income mothers.

Drug abuse is often cited as causing an increase in the number and severity of abuse and neglect cases. Crack cocaine, heroin and methamphetamine abuse creates significant challenges for the child welfare system. Hard core drug use is often associated with the violent abuse and the severe neglect that requires all of the children in a home to be taken into protective custody. Children coming from drug families also require more intensive services – some were exposed to drugs prenatally, or have developed their own addictions. When services are available, foster homes capable of handling the extra demands of drug-exposed children may not be. And in turn, helping parents kick their addiction so they can be reunited with their children also is difficult.

Taken together these factors have fueled a rapid and continuous growth in the foster care caseload. They also have influenced the characteristics of the caseload. Children are entering foster care at a younger age, staying in foster care longer, and are more apt to reenter foster care for a second or third stay before reaching adulthood.

The chart on the following page tracks more than 27,000 children who entered foster care for the first time in 1993. By 1997, more than 19,000 of these children had exited foster care, and nearly 7,000 were still in foster care. The majority of children who left foster care – 14,000 – were reunified with parents. The remaining children were adopted, placed with guardians, emancipated or "aged out" of foster care, or left for other reasons.

Of the 19,000 children who exited foster care, nearly 3,600 recycled back into foster care by 1997. This number understates the significance of children recycling back into foster care because it does not reflect children who came back into foster care after 1997. Additionally, more than 2,000 children were accounted for as "other" exits from foster care – including children who died, disappeared, were incarcerated, or were placed in a medical facility.

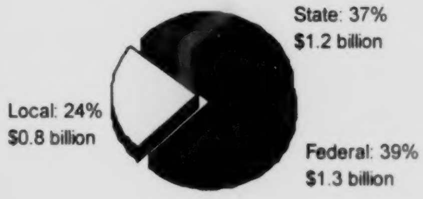

Kids in Foster Care
In 1993, 27,339 kids entered care for the first time
27,339
19,093
Reunified 14,261
Adopted 1,619
Guardianship 690
Emancipated 488
Other 2,035
3,573
By 1997, 6,683 were still in care and 19,093 had exited
Of the 19,093 exits, 3,573 kids reentered care by 1997

Source: Jill Duerr Berrick, Child Welfare Research Center.

Federal, State, and Local Partnership

Child abuse programs involve a complex and interdependent effort by federal, state, and local agencies. The federal government is a major source of funding and provides fundamental policy direction. Most importantly, federal fiscal incentives shape how programs are designed and operated. To obtain federal funding, state and local agencies must often contribute a matching share of resources. For example, the federal government pays about 50 percent of foster care and child welfare services if the child meets federal welfare eligibility requirements.

Foster Care, Adoption & Child Welfare: Governor's Budget 1999-2000



Source DSS, Governor's Budget 1999-2000

The State is also a principal source for funding. Generally, the State pays 20 percent of the costs of child welfare and foster care programs that also receive federal funding. For children who are not eligible for federal funds, the costs are generally split between the State (40 percent) and local government (60 percent). The State also regulates the delivery of services through statute, regulation, and licensing powers. The State also provides some direct care for abused and neglected children through state mental facilities, regional centers, and other programs.

For the vast majority of children, juvenile courts and county social service agencies provide most foster care services. Counties license care providers, manage cases, perform family preservation and child protective services, determine program eligibility, and contract for and administer services – and they pay a significant portion of the bills for foster care and related services.

Additionally, a range of public and private providers care for abused children and troubled families, including foster family agencies, group homes, foster families, receiving homes, and medical and mental health service providers. Many providers raise private funds that are used to augment public dollars.

Nationwide, federal, state, and local governments spent about $11.2 billion on child protection in 1995.[11] According to the Department of Social Services (DSS), in fiscal year 1998-99 federal, state, and local governments in California spent an estimated $1.6 billion to provide foster care services and $1.4 billion to fund child welfare service programs.[12] Since many other programs do not separately report resources spent on abused children, the total expenditure is unknown. Safely, however, billions more are spent for courts, health care, substance abuse, mental health care, special education, and other programs.

Given the complexity and importance of this problem, it is understandable that all three branches and all three levels of government are involved. But many of the criticisms of the system are linked to the complicated organizational structure, the diffused responsibilities and the restrictive funding schemes that result from this multi-governmental approach. As a result, the most successful efforts to help children are those that have found ways around the jungle of rules and regulations to provide effective prevention, out-of-home care, and after-care services.

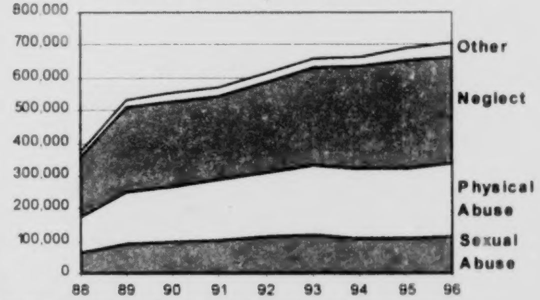
Abuse Prevention

In many neighborhoods, public and private agencies identify "at risk" children and work with those families to prevent abuse and neglect. These efforts often incorporate drug abuse treatment, respite care, parenting education, cash assistance, shelter, transportation, food, mental health services, health care, and child care. The economic justification is that "front end" services can prevent the need for more expensive "back-end" services, including foster care and delinquency detention. The validity of the argument, however, rests on how well the programs target services at families that are truly headed for failure. Critics assert that unless "at risk" families are properly identified, resources are spent preventing abuse in families that might have found their way without government intervention. Nevertheless, research indicates that where families can be correctly targeted, early intervention can be a cost-effective investment.

Reporting and Investigating Abuse

Commonly, the first official intervention is in response to a report that abuse has already occurred. California law requires teachers, doctors, social workers, firefighters, and others involved with education, social and health services to report suspected child abuse and neglect. Additionally, concerned family members, friends, and neighbors frequently report abuse and neglect. Officials from Child Protective Services (CPS) investigate these reports – interviewing children, family members, parents, and other credible sources, and visiting homes to assess the care and supervision being provided.

Child Abuse Reports 1988-1996



Source: Child Welfare Research Center, University of California, Berkeley

When CPS determines a child is being abused or neglected it tries to secure the child's safety and welfare. This may be as limited as directing the parents and children to emergency counseling. In more severe situations – such as when a sibling is killed; abuse results in serious injury; or crack cocaine, heroin, or methamphetamine abuse is evident – CPS may immediately remove the child and place the child in a safe environment. This usually involves a temporary shelter, emergency foster family, or group home, and the initiation of dependency proceedings.

Of the more than 700,000 reports received in 1996, an estimated 70 percent were investigated by child welfare agencies. Although most reports are investigated, few families receive services beyond an initial assessment. One study estimated that of 700,000 reports, 35,000 cases received in-home family maintenance services.[13] Prevention advocates believe many of these cases are opportunities to help families with voluntary services, before conditions escalate to abuse or serious neglect.

Court Awarded Dependency

Dependency proceedings are typically initiated in the county juvenile court by the county welfare department.[14] They involve attorneys representing the government, the child and the parents, and frequently other parties interested in the child's custody. A priority is given to reunifying children and parents, particularly if a case is new. When reunification is not feasible, efforts are made to place children in alternative permanent placements as soon as possible.

Court Appointed Special Advocate (CASA)

- Trained CASA volunteers are appointed by judges to advocate for children in foster care.
- Volunteers are generally assigned to one child.
- The volunteer monitors care and helps to ensure that court-ordered services are provided to the child.
- Volunteers serve as mentors for foster children providing continuity and a stable presence in the child's life.
- 80 percent of the children CASA assists are five or older when the child is assigned a CASA volunteer.
- As of 1998, 30 CASA programs were operating in 32 counties in California.
- In 1997, some 3,000 CASA volunteers donated 510,000 hours helping more than 6,300 children in foster care.
- Local CASA programs are linked through the California CASA Association, a nonprofit charity.

Court dependency proceedings are generally complex and extensive. They can involve numerous steps including 48-hour protective custody, dependency petitions, informal supervision, jurisdictional hearings, disposition hearings, permanency planning hearings, administrative or court reviews, termination of parental rights hearings, and guardianship or adoption hearings. Dependant children are subject to periodic court review. Social workers, foster parents, group homes, county mental heath personnel, and attorney advocates are responsible for children receiving appropriate services and care while they are dependents of the court.

In many counties, Court Appointed Special Advocates (CASA) advocate on behalf of children in foster care and ensure they receive court-ordered services. These community volunteers also mentor children trying to make difficult adjustments. While CASA has recruited 3,000 volunteers working on behalf of children in the system, the volunteers are only able to help 1 in 17 children who are in foster care.

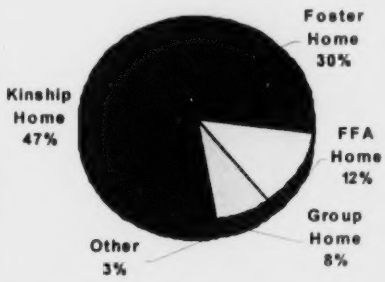
Recent amendments to state and federal statutes have tightened court time frames for resolving dependency cases in an attempt to minimize "foster care case drift." Case drift occurs when children languish in foster care because of ineffective efforts to reunify the family or find an alternative permanent home for the child. The 1997 federal Adoption and Safe Families Act strengthened requirements for timely action to safely reunify families and concurrent planning for alternative placement if family reunification is proven to be infeasible.

Foster Care Placement

When children are placed in out-of-home care, counties are required to use the least-restrictive family setting possible. Depending on their care and service needs, children may be placed with a relative, a foster family, a home certified by a Foster Family Agency (FFA), a group home, or a more specialized setting. As the chart on the following page shows, most children are placed with relatives, followed by traditional foster families.

While a child is in foster care, social workers arrange services for parents and children to facilitate a reunion. Unfortunately, for many children years can pass before they are reunited with parents. One study of California children found that four years after the children entered foster care, 26 percent were still in care.[15] These children remained in foster care until an alternative permanent placement could be arranged, such as adoption or guardianship, or until they grew old enough to leave foster care as young adults.

Foster Care Placements in 1997



Source: Child Welfare Research Center, 1997.

Kinship care: Kinship care, or care by a relative, is the most common form of out-of-home placement. Relatives are exempt from foster family licensing requirements, but they must be approved by a county social worker. Relatives caring for children may receive monthly stipends. The amount of the payment is determined by the child's eligibility for either federally funded foster care or state funded CalWORKs payments. Stipends for children who are eligible for federal foster care funds are more than the stipends linked to children who are not eligible for foster care.[16] Policy-makers recently have made changes to kinship care; those reforms are described in Finding 10.

Foster Family Homes: Foster family homes account for 30 percent of the dependent children placements. Foster family homes are licensed to provide 24-hour care for no more than six children. The licensing process includes home inspections and family interviews to ensure compliance with minimum personal, safety and space requirements. Foster parents receive a monthly payment to feed, clothe and meet the material needs of children in their care. The payments range from $375 to $528. There are 13,000 licensed foster family homes in California with space for approximately 32,000 children.[17]

Foster Family Agency Homes: Foster Family Agencies (FFA) place children in foster family homes that are certified by the agency and assist families in the adoption process. While FFAs are licensed by the State, the homes they certify are not. FFA-certified homes care for 12 percent of children in foster care.[18] FFAs have authority to investigate alleged inappropriate activities in the homes they certify. By statute, FFAs operate on a nonprofit basis to recruit, certify, and train foster parents, provide professional support to foster parents, and find homes or other placements for children.

Foster Family Agency Homes

Foster family agencies receive monthly support for each child.

Children 0-4 years	$1,362
Children 5-8 years	$1,415
Children 9-11 years	$1,458
Children 12-14 years	$1,537
Children 15-19 years	$1,607

This payment is split between the foster family agency and the foster care home. The foster home must receive a minimum payment of at least $552. Each child is provided medical coverage and a clothing allowance. Additional support for mental health and other services can also be approved.

Source: California Association of Services for Children, *Types of Foster Care Placements*, Nov. 5, 1998

There are two types of FFA homes, "treatment" and "non-treatment." A child in "treatment" care has needs that cannot be provided in a foster family home and would otherwise be put in a group home. "Non-treatment" homes are for children who are expected to be adopted. "Non-treatment" FFA homes do not provide treatment services.

Foster Family Financial Support

Foster care families receive monthly support for food and basic care for each child in their home.

Children 0-4 years	$375
Children 5-8 years	$408
Children 9-11 years	$436
Children 12-14 years	$483
Children 15-19 years	$528

Each child is provided medical coverage and a clothing allowance. Additional support for mental health and other services can also be approved.

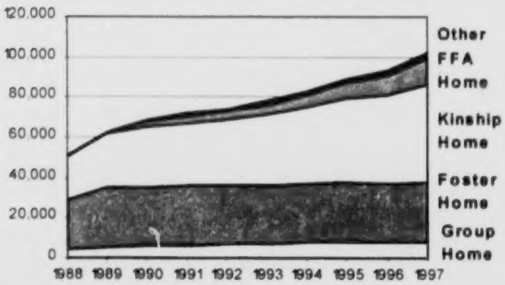
Source: California Association of Services for Children, *Types of Foster Care Placements*, Nov. 5, 1998

DSS administers the rate structure for FFAs. The rates are organized into five age groups. Monthly payments for FFA-certified homes range from $1,362 to $1,607. A higher rate is paid for FFAs because they are responsible for services, including counseling and psychiatric treatment, crisis intervention and case management.

Group Homes: Group homes care for approximately 8 percent of the children in foster care.[19] Group homes provide the most restrictive foster care and they primarily provide a place for children with significant emotional or behavioral problems. Group homes provide 24-hour, non-medical care and supervision. Group homes run the gamut from large, institutional and intensive therapeutic settings, often called "residential treatment centers," to small home environments incorporating a "house parent" model.

Group homes may offer services targeted to a specific population of children or a range of services, including substance abuse treatment, minor-parent (mothers and babies), infant programs, mental health treatment, vocational training, emancipation, and reunification. A growing number of infants and young children are being placed in group homes, raising concerns that these facilities are not equipped to meet the developmental needs of those children. Monthly payments to group homes range from $1,254 to $5,314.[20] There are 1,708 licensed group homes in California with space for approximately 16,000 children.[21]

Number of Children in Each Placement



Source: Child Welfare Research Center, UC Berkeley

Other Placements: About 3 percent of children in foster care are in specialized settings, such as shelters, receiving homes, and emergency small family homes. This category includes family homes that provide specialized 24-hour care for children with mental disorders, developmental disabilities or physical handicaps. There are about 550 small family home facilities statewide.

Out-of-County Placements: Many counties do not have adequate supplies of foster care to meet the different needs of their children. Increasingly, counties have placed children in care in different counties. San Mateo County sends 13 percent of its children in foster care to homes in other counties, Alameda County sends 17 percent, Santa Clara County sends 8 percent, and San Francisco County sends about 29 percent.[22] Virtually all counties make out-of-county placements. Out-of-county placements are more difficult for officials to monitor and can complicate efforts to provide children with needed services and family visitations.

Licensing and Certification

Licensing and certifications help to protect the health, safety and quality of life for children in out-of-home care. They reduce predictable harm by screening out unqualified applicants. They promote compliance with laws and funding requirements through inspection and monitoring. And they protect the health and safety of children through enforcement. Licensing and certification responsibilities are shared among state, local, and nonprofit community-based agencies.

The Community Care Licensing Division of DSS licenses a range of facilities that provide social services, including residential care facilities, child care centers and homes, as well as foster family homes and agencies. The division licenses more than 65,500 facilities in 16 categories with a total capacity of more than 1 million people.[23]

Counties license foster care facilities under authority delegated to them by the State. Forty-five counties license more than 9,500 foster family homes with a capacity of over 21,500 children.[24] Counties also are responsible for placing dependent children in foster and group homes. To some, allowing counties to license facilities and place children in those facilities creates a conflict of interest – between enforcing minimum standards and promoting an adequate supply of facilities. Cracking down on bad operators can exasperate another problem that counties face – ensuring an adequate supply of foster care facilities. The Commission in its 1992 study recommended eliminating county licensing and returning all licensing activity to DSS.

Foster Parent Licensing Process Steps

- ✓ Contact licensing agency and obtain application.
- ✓ Attend orientation and meet with licensing evaluator.
- ✓ Satisfy basic requirements, first aid, CPR, parenting, etc.
- ✓ Licensing evaluator conducts in home visit and if home is suitable approves foster family license.

Under their state license, FFAs certify foster family homes. FFAs, in turn, are responsible for investigating allegations of inappropriate activities in the homes they certify. Critics contend the self-regulating environment of FFAs diminishes the enforcement of health, safety, and quality requirements in these homes.

Support Services

In addition to food, shelter and supervision, children in foster care need a variety of medical, mental health, and other services. According to a March 1998 report, nearly 50 percent of children in foster care suffer from chronic conditions such as asthma, cognitive abnormalities, visual and auditory problems, dental decay, or malnutrition, as well as birth defects, developmental delays, or emotional and behavioral problems.[25] Up to 70 percent of the children require ongoing medical treatment. Sixty percent of the children are estimated to have moderate to severe mental health problems as a result of alcohol and drug exposure, lack of medical care, poor parenting, domestic violence, neglect, and unstable living conditions. The trauma of family separation and the stress of frequent relocation compound these conditions.

As noted earlier, substance abuse by parents has become a major reason for children entering foster care. And many of those children enter foster care with health problems associated with drug exposure or with their own addictions. The director of the Department of Alcohol and Drug Programs testified that dependent children and their parents frequently need substance abuse treatment before they can be reunified. However, the State has not yet integrated substance abuse treatment into foster care services. Social workers must work through local drug treatment administrators to enroll parents and children in treatment programs. Frequently, needed treatment is not available or is difficult to arrange. This delays reunification and too frequently causes longer foster care stays for children.

State Agency Responsibilities

Children and Families First Commission
- ✓ Abuse Prevention, Family Intervention Programs

Department of Social Services
- ✓ OCAP, Foster Care, & Child Welfare Programs

Department of Health Services
- ✓ Medi-Cal, Early Periodic Screening Diagnosis and Treatment (EPSDT), Public Health

Department of Mental Health
- ✓ Mental Health System of Care & Short Doyle

Alcohol and Drug Programs Department
- ✓ State substance abuse programs administered by counties and local substance abuse providers

Department of Education
- ✓ Individual education plans/residential placement

Department of Developmental Services
- ✓ Developmental services

Office of Criminal Justice Planning
- ✓ Grant funding for child abuse initiatives

Attorney General, Child Abuse Unit
- ✓ Child Abuse Central Index, Criminal background check information

Children in foster care and their families are legally eligible for a large number of state benefits. But a common lament heard from children, providers, social workers, and program managers is that confusion over eligibility requirements, scope of services and administrative red tape prevents children and families from accessing vital services. This hinders efforts for family reunification and permanent placement. When foster care does not health the trauma of abuse, children are harder to place in permanent homes.

Permanent Placement Options

Children leave the child welfare system through a number of avenues. Children can be reunited with birth parents. Courts can award custody of children to guardians. Some children are adopted into new families. Some children "age-out" or "emancipate" out of the child welfare system. Still others leave the system for "other" reasons – including death, abduction, incarceration, or by running away.

Four Year Outcomes of Children Entering Dependent Care in 1992

Reunified with parents	55%
Adopted	7%
Guardianship	3%
Emancipated	3%
Other	7%
Still in Care	25%
Total	100%

Slightly more than half of the children leaving the child welfare system are reunified with birth parents. A study by the Center for Social Services Research, University of California, Berkeley indicates that approximately 55 percent of children who entered dependent status in 1992 were reunified with their parents within four years.[26] Social service agencies and courts make aggressive efforts to reunify families where safety and risk issues for the child returning to the family are minimal. However, such assessments are not always accurate. Generally, studies indicate 15 to 30 percent of children reunified with birth parents later return to foster care.[27]

Foster Child Adoption

Dependent children are put up for adoption in cases where parental rights have been terminated. In 1997-98, approximately 5,000 children in foster care were adopted, according to DSS. The former director of DSS told the Commission that adoption is a potential solution for 6,000 dependent children each year.[28]

A study by University of California researchers found that only about 7 percent of children in foster care over a four-year period were adopted.[29] Other studies have found that adopted children spent on average 17 months in foster care before they were adopted. About one-fourth of the foster care adoptions are by single parents.[30]

Adoption Assistance Program

The amount of financial payment is determined by considering the child's needs and resources available to the adoptive family.

If the family's income is below the statewide median, the family may receive as much as the basic state foster care rate, plus increments for specialized care that the child would be eligible for if still in foster care. If the family's income is above the median, the family is assumed to be able to meet normal child rearing costs, unless other family expenses prevent them from meeting those needs.

Regardless of income, the family may qualify for specialized care increments depending on the child's specialized needs. At least 75 percent of adopting families receive some AAP benefits.

The first step in a foster child adoption is for adoptive parents to apply to an adoption agency. The agency assigns a caseworker to oversee the adoption process, which includes a "home study" to determine the family's suitability for adoption. The agency petitions the court to grant the adoption. In those cases, DSS may require the adoptive family to pay a $500 fee. The fee may be waived or reduced under certain conditions.

Potential adoptive parents are informed of the child's special needs or problems. The Adoption Assistance Program can provide financial assistance and some medical coverage for children who are adopted. This assistance may continue until the child is 18 years old, or in certain circumstances, age 21.

Low-income families can adopt as long as family resources are sufficient to meet basic needs. Both parents can work as long as suitable child care is available. Adoptive parents do not need to own their own home, but the family home must be safe and have enough room for all family members.

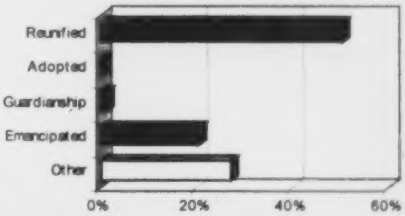
Many adoption families start as foster families. If family reunification efforts fail and parental rights are terminated the foster family can seek to adopt the child. While this process facilitates adoption, it also creates problems. After adoption many families are no longer interested in fostering children, aggravating the shortage of foster families. Frequently children are placed in group homes or emergency shelters due to shortages of foster families.

Historically, foster parents were discouraged from "bonding" with the children and pursuing adoption. Social workers and policy-makers were concerned that route to a permanent home conflicted with efforts to reunite families, or resulted in the least traumatized children being "cherry picked" by adoptive parents. But the renewed interest in quickly finding a permanent resolution has prompted social service officials to give greater consideration to adoption by foster parents. The cultural practices of social service agencies, however, are slow to change.

Other Exits

Guardianship is another permanent placement option for children when reunification efforts fail. According to the Berkeley study, approximately 3 percent of the children entering dependent status in 1992 had been placed in permanent guardianships within four years. Children in relative guardianships have not been eligible for dependent care subsidies. Recent legislation, SB 1901 (McPherson), provides relative guardianship subsidies.

More Older Children Exit for "Other" Reasons



Children entering foster care between the ages of 13 and 17
Source: Child Welfare Research Center, 1997

Many children never reunify with their family or find a new permanent home. A Berkeley study found that after six years about half of the 13- to 17-year-old children had either emancipated or left the child welfare system for "other" reasons. "Other" is defined as termination due to death, running away, incarceration, commitment to a state hospital, termination of welfare, abduction, or suspension or dismissal of dependency for a child remaining in a medical facility. Children who emancipate or "age-out" are generally given limited assistance after they leave the system. Some counties offer "transitional" programs, such as housing assistance. But generally, these children must fend for themselves.

Major Services Associated With Programs for Abused Children & At-Risk Families

DSS & County Welfare Departments

Prevention – Provide early parent intervention, home visits, family support centers, and public health assistance to targeted families with high risk characteristics. Provided through contracts with community-based organizations.

Child Protective Services – Provide child maltreatment investigation, emergency response and referral services to families at-risk of losing children to foster care, family preservation services.

Foster Care – Provide placement services for kin care, foster family, and group home care, family reunification case services, concurrent planning services for alternative placement, license foster care providers, prepare service plans, conduct site visits to assess safety, care and service delivery, counsel children and families.

Kin-GAP – Assist children and relatives in transition to guardianship, provide ongoing financial assistance after children enter relative guardianship.

Adoption – Assess suitability of children and families, provide assistance in the adoption process, assess family needs for financial assistance after adoption (AAP).

Independent Living Program – Counsel youth on transitioning to emancipation, assist older youth to learn skills necessary to live on their own, coordinate and assist in obtaining access to social services, education and health assistance after leaving foster care.

DHS & County Health & Welfare Agencies

Child Health and Disability Prevention (CHDP) – Assist in arranging for health assessments and immunizations. Provide funding for public health nurses to assist county welfare departments to arrange health care delivery for foster children (in 19 counties).

Medi-Cal – Cover medical services, mental health services, vision care and dental care.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program – Provide funding for medically necessary services to foster care children not otherwise paid by Medi-Cal.

DMH & County Mental Health Agencies

Title XIX Mental Health – Provide mental health care for foster children with severe mental health problems – Title XIX Medicaid funding and EPSDT.

ADP & County Substance Abuse Treatment Agencies

Substance Abuse Block Grant – Services and care for foster children and parents through outpatient and residential treatment facilities.

Drug Medi-Cal – Fund Drug Medi-Cal services.

Dept. of Education & County School Agencies

Educational Assistance – Prepare individual educational plans, provide educational assistance.

Special Placement – Place severely emotionally disturbed children in special foster care group home care without a dependency order.

DDS & Regional Centers

Developmental Services – Provide services and assistance to families with children in foster care who need developmental services.

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There is growing interest nationwide in expanding assistance to children after they leave the system, no matter what exit they take. At the younger ages, this assistance is intended to help the child to continue the healing process, and prevent children from cycling back into foster care. For children leaving foster care and entering young adulthood, this assistance recognizes the helping hand that many teenagers need to become self-sufficient adults. And for young adults burdened by a troubled youth, that assistance may be the difference between a lifetime of dependence or independence.

A Foster Parent's Story

"The other case involves a little girl named Libby . . ."

I was a foster parent from 1977 to 1992. I entered foster care initially as a means toward adoption. After adopting my fifth child, we became an emergency foster home, caring for children ages newborn to three years. My wife developed the necessary skills to care for infants that were born with drugs in their systems. Although I was not the primary caregiver in the home on a daily basis, I was involved with the care enough to be able to speak to you today with some authority on these issues.

During these years, I was quite satisfied with the support provided to me as a foster parent by the county agency that placed children in my care. However, the years spent providing foster care left me with two main concerns. First, children placed in foster care because of neglect, abuse and/or other extreme circumstances are ultimately not adequately protected from the people or conditions that caused their placement in foster care. My other primary concern is that children are spending far too much time in foster care while they await the actions and decisions of the adults charged with determining their futures.

To illustrate my concerns, I would like to share some of my experiences with you. On one occasion, five-day-old twin boys were placed in my home, having been exposed prenatally to heroin. The report that accompanied them stated that their mother was "a well-known heroin addict" who had had children in placement in years past. The twins had a very difficult time feeding, often taking an hour each to take their bottles. During the feeding, they would have severe choking episodes and the entire feeding process was physically and emotionally draining for all involved. After about three days, to my shock, these two very needy babies were returned to their mother. This was a stunning reversal of existing policy at the time. But at this time there was a tremendous increase in the number of infants prenatally exposed to drugs, a shortage of foster homes, and a shortage of social workers to cover the caseload.

The other case involves a little girl named Libby. Libby went into foster placement in my home at six weeks old. Her siblings, ages four and two, were victims of physical abuse and were also placed in foster care with another family. Libby's birth family also had two older girls who had been permanently removed from the home because of unusually cruel physical abuse and were adopted by relatives. After one year of sporadic visits, the natural parents shared with me one afternoon that they felt that Sacramento County would not return their children to them. They indicated their intention to have the children's cases transferred to Placer County, where they had since relocated, feeling that they would fare much better at getting their children returned in a different jurisdiction. I found it disturbing that although they stated their desire to have their children returned, their visits to Libby were so infrequent. Most alarming, however, was their unwillingness to cooperate with Sacramento County requirements to get the help they so desperately needed to stop their horrible pattern of child abuse.

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These reforms also bring into focus the outcomes that policy-makers and the public are coming to expect from programs for abused and neglected children: Prevent abuse where possible. Provide high quality care for abused children. And swiftly ensure a safe and permanent home for these children, either with their natural family or the best substitute. By doing so, these programs should help children build a strong foundation for successful adulthood. A compelling argument for reform comes from the lives of individual foster children and the people who care for them.

Surprisingly, the case was transferred to Placer County, where the new social worker not only kept the children's case in reunification status, but moved for the immediate return of the children to the birth parents. The parents had repeatedly failed to attend counseling or parenting classes and had made no otherwise meaningful attempt to resolve the past abuse patterns. At this point, we fought the county caseworker's recommendation in court and, after two years, were successful in gaining legal custody of Libby and adopting her. During one court-mandated visit to her birth parents, Libby suffered a visible facial injury. The injury was not proved to be abuse, but it was proved that the explanation given by the natural parents was false. This event ultimately led to Libby's being released for adoption. She was three-and-a-half years old when she was released for adoption and four years old by the time the adoption was final. The birth parents did not appeal the court's decision, having regained custody of the other two children who had been placed in foster care and having given birth to another child during the course of this case. Had they appealed the court's decision, this matter would have been in the courts for at least two more years.

"The natural father received custody [and later] was convicted of physically and sexually abusing the children."

Subsequently, the parents divorced and the mother worked hard to be a good mother to her children; however she died a few years later of cancer. The natural father received custody of the three children and within two years was convicted of physically and sexually abusing the children and was sent to prison.

These examples are but two that serve to illustrate my concerns as stated initially. A fundamental problem with foster care programs specifically and children's services programs in general is lack of funding. Children's services agencies have been devastated by budget cuts over the past twenty years, which has resulted in unmanageably large caseloads. When caseworkers are responsible for too many children, the children are not adequately protected and their family situations are not adequately monitored. Additionally, the guidelines for determining the future of children at risk are either inadequate or followed inconsistently. Local agencies charged with protecting these children must have clear guidelines for determining whether or not they will be able to meet the needs of the family in working for reunification within a reasonable timeframe. In my opinion, one year is sufficient to determine whether attempts at reunification are satisfactory and likely to succeed.

Adequate funding, clear guidelines, and strictly enforceable timeframes would do much to address both of my concerns mentioned above; that children are being prematurely returned to situations that caused them to be placed in foster care and that once in the foster care system, they wait too long for a permanent, positive resolution to their situation.

Dennis Mooney testified at a Little Hoover Commission public hearing in September 1998.

Highest Quality of Care

Findings and Recommendations on:

- ✓ *Committing to Help Abused Children*
- ✓ *Managing for Improvement*
- ✓ *Assessing Performance*
- ✓ *Thinking Long-Term*

Committing to Help Abused Children

Finding 1: The State has not met its obligation to protect and care for abused children.

When parents abuse or neglect children, the State is obligated to intervene. Because children cannot defend or care for themselves, the State assumes a special trust to care for these children. This difficult job has become harder as drug abuse, single parenting and other factors have complicated efforts to quickly and confidently reunite struggling families.

Importantly, the Legislature has responded with a persistent stream of statutory remedies – new programs, new rules, more funding – each a sincere effort to repair that part of the child welfare system considered to be most broken: kin care assistance, group home oversight, adoption programs. The most fundamental changes have been limited to pilot programs – hoping to break new ground a county or two at a time.

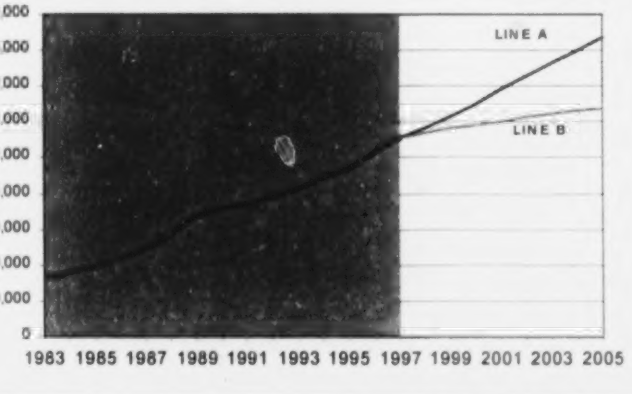
For a variety of reasons, these efforts have not held back the tide of children entering, lingering in, and returning to foster care. While the foster care caseload is just one indicator of what is happening to these children, the caseload continues to increase at an unacceptable pace. The chart below projects two possible scenarios: The first assumes the caseload continues to grow at the same rate as the last 8 years. The second assumes the caseload grows at the same pace as the overall child population. Under the first scenario, 167,000 of California's children could be supported by child welfare by the year 2005. Under the second scenario, the number could reach 128,000.

If These Trends Continue ...

Unless significant reforms are made, the number of foster care children will continue to rise. Two possible scenarios show a growth from 112,000 in 1997 children to between 128,000 and 167,000 children by the year 2005.

This projection includes the children who will enter the Kin-Gap program. While these children will no longer be in "foster care," their guardians will still receive state child welfare dollars at the foster care rate.

See Appendix D for methodology.



Line A assumes that the proportion of children in foster care will continue to rise as it did from 1991 to 1997, reaching 15.2 children per thousand California children by 2005.

Line B assumes that the proportion of children in foster care will remain at the 1997 level of 11.5 per thousand, and all foster care growth is due to population growth.

Data from Child Welfare Research Center, DSS Foster Care Information System

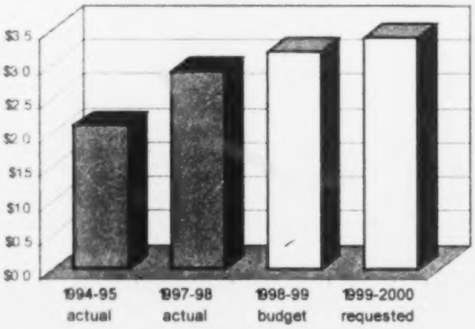
The Demand for Attention

For moral and practical reasons, responding to child abuse should be a high priority that receives the attention and focus of executive and legislative leaders. Among them:

☐ ***The State has an obligation***. If for no other reason, child abuse programs should be a high priority because the State has an obligation to care for these children. Some officials are reluctant to characterize the State as a temporary parent, but under the law that is the case. Beyond the law, moral imperative requires that protecting abused children should be a first order of business.

☐ ***The problem is growing in costs.*** Foster care programs are paid for with federal, state, and local funds – and are commanding a larger draw from each of those sources. As shown in the chart, direct costs of child welfare programs in California now exceed $3 billion a year. Not captured in these numbers are the billions of dollars spent on specialized services, such as drug treatment and health care. Even harder to quantify, but potentially more expensive, are the downstream costs for programs that deal with traumatized children who grow into troubled or angry adults. It is unclear how much the performance of child welfare programs can be improved without increasing funding, mostly because it is unclear what the public is getting for the existing investment. But it is clear that growth in the caseload is capturing more public funds, and will continue to do so unless programs become more effective at reducing abuse, helping those families that can be helped, and finding children new permanent homes when necessary.

Spending on Abused Children Is Increasing
(in billions of dollars)



Source: Governor's Budget, 1994-95, 1997-98, 1998-99, and proposed 1999-2000

☐ ***Inadequate children's programs impact other public programs.*** Research indicates that the longer children languish in foster care the more likely they are to develop behaviors and physical conditions that inhibit their ability to succeed later. To achieve better outcomes for vulnerable children, the State must reduce the number of children being abused and reduce the time children are in foster care. Yet the State will not attain these goals until it fully understands the problem of child abuse and develops comprehensive strategies to address it.

☐ ***The State plays a critical role.*** While counties operate the child welfare system, a number of state agencies play critical roles. The evidence is growing that ineffective mental health, health, and dental services undermine efforts to reunite children with their families. One study found children with health problems were among the last to leave foster care and the most likely to return.[31] Yet children and their families are often eligible for services they do not receive. A federal study found that only 20 percent of children received the preventative dental care they were eligible for under Medicaid, which is called Medi-Cal in California.[32] A study of California foster care found significant barriers to health, dental, and mental health services that delayed or prevented effective treatment.[33] These services cannot be improved and integrated without strong state leadership and management.

Setting Child-Centered Goals

A widely held criticism of the current set of programs is that they are not based on the needs of children, let alone the individual child. In a number of pilot projects and county-initiated reforms, serious efforts have been made to create "systems of care" in which specialists work together to simultaneously meet the needs of individual children. These models are described later in the report. To work on a larger scale, these models require the State to integrate its disparate programs and to develop a system of its own. That will require resolving turf issues, improving communications between departments, pushing for federal reforms, and generally making child abuse programs a high priority for all of the agencies involved. The only way to accomplish this task is with persistent attention from a broad coalition of elected officials.

A similar critique of existing programs is that they are focused on foster care, rather than on abused children. That is not surprising, given that the federal government will pay part of nearly every foster care bill, but limits the money that is available for preventing or reducing abuse of children who are still living with their parents. Still, as the chairperson of the U.S. Advisory Board on Child Abuse and Neglect testified, the State needs to develop solutions that look beyond foster care. He advocated policy-makers embrace a more comprehensive vision that includes:

- ☐ Community-based public-private efforts to strengthen families and prevent abuse;
- ☐ Multi-disciplined approaches to services and care that recognize the full spectrum of needs for abused children and families; and,
- ☐ Recognition that addressing child abuse and its impacts requires a long-term commitment to improving the effectiveness of programs.

Given the number of agencies involved and the importance of community involvement in child protection efforts, policy-makers need to affirm the State's extraordinary obligation to care for abused children and the imperative to prevent abuse by helping families in crisis. This affirmation should be expressed as clear goals for public agencies to pursue. Among them:

"Highest quality of care" is the care and opportunities that nurturing parents would provide their own children to prepare them for adulthood.

1. When possible, children must be spared the trauma of abuse through targeted prevention efforts.
2. When prevention fails, the State must intervene quickly to protect the child, treat the trauma, and provide the highest of quality care.
3. When it is in the best interest of the child, intense efforts should be made to safely reunify the family. Otherwise, intensive efforts should be made to permanently place the child in a family-based setting that satisfies the child's needs.
4. When children leave foster care, assistance should be available to help them secure firm footing on the path to adulthood.

These goals should be articulated in legislation clearly directing the State's bureaucracy to fully implement them. And the Legislature and the Governor should receive regular reports assessing progress toward these goals and apprising them of changes in state policy necessary to produce the best outcomes for abused children and the public.

Despite the difficulty of this task, there are reasons for optimism. First, federal, state, and local child welfare agencies increasingly agree on how the system should conceptually work. Second, previous initiatives provide a foundation for implementing comprehensive reforms. Finally, there is broad agreement that incremental change is no longer acceptable. The time is right for the State to focus on child abuse and prevent yet another generation of children from suffering from failed strategies and a lack of comprehensive commitment.

Recommendation 1: The Governor and Legislature should fully commit the State to protect and care for abused children. The Governor and Legislature should:

✓ ***Make child safety, well-being and permanence a high priority***. The State's chief policy-makers need to make it clear to public agencies, community leaders, and the public at large that preventing abuse and caring for abused children is a top state priority. When the State assumes the role of parent, it assumes the responsibility and the obligation to provide the highest quality of care.

✓ ***Adopt clear goals.*** This commitment can be best expressed as clear goals directing public agencies and service providers to prevent abuse, ensure foster care homes are nurturing refuges, reunify families or find permanent alternatives, and support those children as they continue to heal and mature.

Managing for Improvement

Finding 2: State programs are not organized, managed, or funded to comprehensively meet the State's obligation to abused children.

As all parents know, children demand a lot from their caregivers. In addition to love and supervision, there are a variety of physical and developmental needs - from dental care to homework. In addition, there is the special help that abused children need to remedy the consequence of maltreatment. Then add on the help that parents need before the family can be reunited - or at least before the court is convinced that reasonable efforts have been made to help the family and that adoption should be pursued instead.

Literally dozens of government agencies, non-profit organizations, and private providers are involved in trying to help these children. Unfortunately, one of the greatest challenges of public agencies is to coordinate efforts - particularly when the task involves a small part of the department's overall mission. In 1987 the Commission noted in its study of children's programs:

> *The Commission's review revealed that California's children's services delivery system is in a state of utter confusion and disarray. It is comprised of a hodgepodge of state and local agencies that are unable to effectively serve the growing number of youth in need of services because there is a vacuum of leadership, direction, and cooperation among children's services agencies.*[34]

Little progress has been made toward creating a system out of the various agencies with some responsibility for these children. For most of these agencies, foster children are a small part of their clientele. While these children may encounter unique hurdles to receiving services, the agencies typically do not tailor programs to lower these hurdles. Because of their circumstances these children and their families should receive priority for limited services, but that attention is not extended. And while individual programs take their role in helping children seriously, no one agency or individual is responsible for ensuring the best thing is being done on a child-by-child basis.

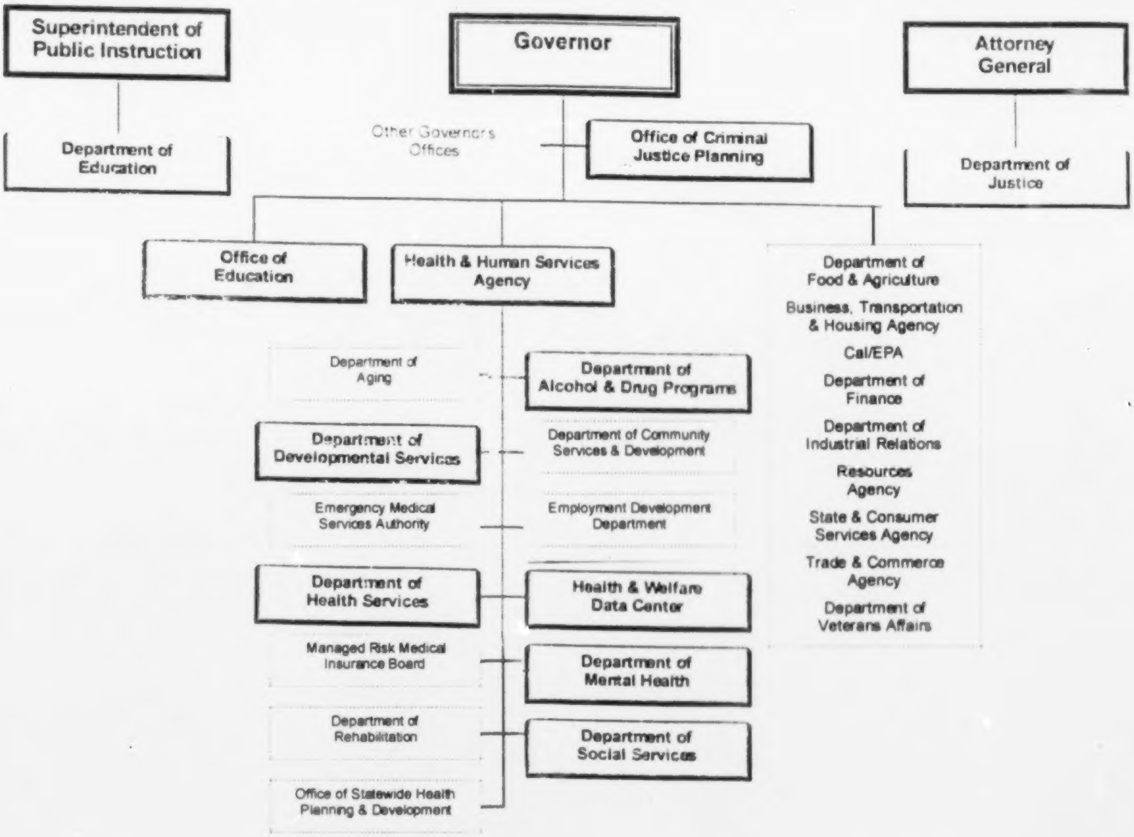
Developing a comprehensive system will require changes in organizational structure, funding, and management.

A Hodgepodge of Agencies

The Department of Social Services is the state agency responsible for foster care programs. But foster care is just one the many responsibilities assigned to DSS, and DSS is just one of many state departments involved in protecting children. DSS is responsible for CalWORKs, food stamps, refugee and disaster assistance programs, child support enforcement, and regulating facilities providing child care, elder care, and services for the blind and disabled.

A number of other state departments play essential roles in helping to protect children and heal families – including the departments of Health Services, Mental Health, Alcohol and Drug Abuse Programs, Education, and Justice. Many – but not all – of those departments are within the Health and Human Services Agency.

State Agencies & Departments
Involved In Foster Care


Superintendent of Public Instruction
Governor
Attorney General
Department of Education
Other Governor's Offices
Office of Criminal Justice Planning
Department of Justice
Office of Education
Health & Human Services Agency
Department of Food & Agriculture
Business, Transportation & Housing Agency
Cal/EPA
Department of Finance
Department of Industrial Relations
Resources Agency
State & Consumer Services Agency
Trade & Commerce Agency
Department of Veterans Affairs
Department of Aging
Department of Alcohol & Drug Programs
Department of Developmental Services
Department of Community Services & Development
Emergency Medical Services Authority
Employment Development Department
Department of Health Services
Health & Welfare Data Center
Managed Risk Medical Insurance Board
Department of Mental Health
Department of Rehabilitation
Department of Social Services
Office of Statewide Health Planning & Development

The primary purpose of the agency structure is to coordinate the efforts of departments with different expertise, and at the cabinet level, to coordinate the efforts of various agencies.

While the organizational structure of counties varies, most counties also have more than one entity involved in helping abused children, including law enforcement and the dependency courts. In addition, many of the services are actually provided under contract by nonprofit organizations and private individuals.

At the federal level, the Administration for Children and Families within the Department of Health and Human Services oversees federal programs for abused children. But other entities, such as the Health Care Financing Administration, also play large roles.

Because of growing concern by policy-makers, the Legislature and Congress also have been active in crafting and funding reforms.

In theory, each of these organizations provides expertise necessary to protect children and, where possible, heal families. For most of the organizations, however, helping abused children is only a small part of their mission. And for none of the agencies is helping abused children their primary purpose. For a number of reasons, these organizations fall short of systematically providing quality care:

- ***Programs are not tailored to meet the specific needs of abused children.*** Many social service agencies are crafted around a specialized discipline. As a result, these specialists are not trained to see the broader view.
- ***Services are not integrated or even coordinated.*** There are few requirements for agencies to cooperate, and many institutional reasons for them to resist coordination. In most cases, coordinated efforts put additional demands on overloaded systems.
- ***Objectives are program-based rather than child-based.*** Programs may be focused on their role in helping children, but program-based goals can conflict with child-based goals. For example, children are sometimes moved from one placement to another in order to improve the quality of care. But frequent changes in foster placement cause children to fail a grade or fall behind in school. So while children may gain better foster care (foster care goal), it comes at the expense of their educational achievement (educational goal).

Putting Education Out of Reach

A 1996 report prepared for the state Mental Health and Education departments described the problems of providing special education:

"*Interagency and Inter-jurisdictional Problems.* Many children receiving Chapter 26.5 (Special Education) services are also clients of other agencies such as county social services departments (child protective services), county probation departments, and regional centers for the developmentally disabled. Due to resource constraints, all of these agencies are trying to minimize their costs. Sometimes this may involve trying to shift costs to another agency or, in cases where a child is placed in residential care outside the county, another jurisdiction.

Sometimes a child may not receive needed services as a result of these efforts. Counties involved in the mental health system-of-care program have a clearer picture of which agency should be responsible for providing services in particular situations. They work together to apportion responsibilities in specific cases and there is not as much cost shifting.

Residential Care Issues. Working with group homes and with the other agencies placing children in group homes presents major problems for county mental health departments and local education agencies. There appears to be some opportunity for combined action by the public agencies involved to address some of these problems.

State Oversight. There is no systematic program of state oversight of Chapter 26.5 services, although the services may be reviewed in the context of program reviews designed for other purposes. Local education agency staff are frustrated that they are held accountable for programs that are operated by county mental health departments, but have no effective mechanism for requiring counties to address program concerns."

Source: Carol Bingham, Mental Health Services for Special Education Pupils, Department of Education, March 1997.

These are predictable problems. Public agencies are designed to be rigid, to resist organizational and programmatic changes and to narrowly interpret statutes imposing changes upon them. Management structures are vertical – limiting the discretion of field workers and resting authority with officials who are responsible for dozens of programs. These characteristics are aggravated by categorical funding mechanisms, which tie resources to specific instructions on how the money can be spent.

Funding Complexities

The funding process frustrates efforts to integrate services and detracts from quality care for abused children. Federal funding for abused children is fragmented, with most of the money authorized in Title IV, Title XIX, and Title XX of the Social Security Act. Funds are distributed to states using different allocation formulas, matching requirements, and expenditure restrictions. In California, several state departments administer federal money and account to federal agencies how the money is spent.

Federal Funding Silos Limit Outcome-Based Management

Title XX Social Security Act Emergency Services	TANF (Temporary Assistance for Needy Families) Block Grant	Substance Abuse Prevention & Treatment Block Grant
Federal agency: Administration for Children and Families (ACF).	**Federal agency**: ACF	**Federal agency:** Substance Abuse Mental Health Services Administration (SAMHSA)
Lead state agency: Department of Social Services – Other state and local service agencies claim state and federal funding through DSS.	**Lead state agency**: DSS Counties and local service agencies claim state and federal funding through DSS.	**Lead state agency**: Alcohol & Drug Programs (ADP) – Counties and local service agencies claim state and federal funding from ADP.
Purpose	**Purpose**	**Purpose**
Emergency Services: Federal funds can be used to provide emergency response services to troubled families at risk of losing children to out-of-home placement due to child abuse and neglect.	**Welfare Assistance – Foster Care**: Relatives caring for a child that does not meet the Title IV-E eligibility requirements can receive CalWORKs cash assistance for the child.	**Substance Abuse Treatment**: County A&D programs receive funding to conduct programs to prevent or treat substance abuse. Local providers contract with counties to provide services.
Limitations	**Limitations**	**Limitations**
Separate funding silo: Limited funding and duplicative administrative requirements diminish the effective use of funds.	**Payment level**: Foster care payment rate is approximately half the foster care rate paid under the Title IV-E.	**Separate service delivery**: Treatment is not integrated into foster care service delivery.

County agencies work through a frustrating number of agencies to obtain funds. Funds for family reunification, family maintenance, adoption, foster care, and abuse prevention services come from DSS. Medi-Cal coverage is provided through the Department of Health Services. The Governor's Office of Criminal Justice Planning is a clearinghouse for abuse prevention and children's services grants. Special education money passes through the Department of Education. In addition, the departments of Mental Health, Rehabilitation, Developmental Disabilities, and Alcohol and Drug Programs fund services through local and regional agencies. The following table shows the major funding silos, and their limitations.

Title IV-E Social Security Act	Title IV-B Social Security Act	Title XIX Social Security Act
Federal agency: ACF	**Federal agency**: ACF	**Federal agency**: The Health Care Financing Administration.
Lead state agency: DSS Activities are provided by DSS (i.e. licensing and adoption services) or delegated to local social service agencies. Counties, other state departments, and local social service agencies claim funding through DSS.	**Lead state agency**: DSS Counties and local service agencies claim state and federal funding through DSS.	**Lead state agency**: Department of Health Services (DHS) DSS, ADP, Dept. of Mental Health, Dept. of Developmental Services, and county social service agencies tap funding.
Purpose	**Purpose**	**Purpose**
Foster Care: Uncapped entitlement driven by the number of children in foster care meeting federal eligibility criteria. Funds used for: relative (kin care), foster family care, and group home care. **Adoption**: Uncapped entitlement available for financial assistance to low-income families adopting children with special needs. **Independent Living Programs:** Capped federal funding to provide support for older foster youth emancipating from foster care.	**Child Welfare Services:** Services include emergency response child protective services (CPS), family preservation and prevention activities.	**Health Services:** Can be used to fund health (Medi-Cal), mental health, developmental disability, substance abuse treatment, and social services (health-related).
Limitations	**Limitations**	**Limitations**
Prevention & Preservation: Cannot use funds to prevent need for out-of-home placement or family preservation services. **Independent Living**: Funding is limited to services and cannot be used for housing – often the help emancipating youth most need.	**Insufficient funding**: Federal funding is capped – not tied to the number of children in foster care or the need for services. State funding has increasingly been used to fill the gap.	**Duplicative administration**: Makes it difficult to blend funds for comprehensive service and care delivery.

The mix of state, federal, and local funds shapes state and local programs serving abused children. Child welfare services, adoption, and foster care programs administered by DSS consume over $3 billion annually in federal, state, and local funding. This does not include billions of additional public dollars spent for health services, alcohol and drug treatment, rehabilitation, special education, police and court costs, and other expenditures addressing child abuse and its consequences.

Simply put, the former director of DSS said the money does not buy what the public wants: "The Foster Care funding process is obsolete. It does not pay for performance or agreed upon outcomes. Payments are based on the number of children housed."[35]

Placer County Integrated Services Model

In 1994, Placer County formed the Children's System of Care (CSOC) to integrate services for families, including mental health, child welfare, probation, substance abuse, education, and limited public health nursing.

One of six pilot counties under AB 1741 (Bates), Placer County's system of care is based on a "transdisciplinary" team model in which staff maintain their specialization and acquire a working knowledge of other disciplines. The team creates a single service plan for each child – unifying the traditional plans crafted on a service-by-service bases (independent living plan, individual education plan, concurrent reunification permanent placement plan, mental health system of care plan, healthcare "passport," adoption, substance abuse treatment).

While similar to the mental health "system of care," Placer County's CSOC goes beyond severely emotionally disturbed children. As a result, more children and families at risk of requiring invasive foster care have access to services.

While services appear seamless to families, the county still struggles with the diverse claiming requirements of various state departments. Separate funding sources for social, health, education, and other services require the county to complete separate accounting reports and audits. Merged costs must be separated on paper for accounting purposes – diverting scarce resources from helping families. Placer County, however, has negotiated a consolidated claim with the state Department of Health Services for the county's public health programs.

Source: Placer County AB1741 report

The State has directed counties to integrate services to families and abused children. Yet as one county administrator pointed out, the State has made almost no progress toward integrating state programs. Rather, counties integrating services are still burdened by audits by multiple federal and state agencies.

The State can facilitate integration by freeing county managers and service providers from duplicative administrative requirements. One option would be for the State to obtain federal waivers from foster care, child welfare services, and Medicaid claiming requirements. The waivers could allow the State to adopt a consolidated allocation system. In turn, with a single claim counties could obtain funds for health, mental health, and social services. The State also could act as a clearinghouse for applying expenses to federal programs based on a cost allocation formula.

For years the State has promoted a multi-disciplinary "system of care" approach for foster care children with mental health needs. Most counties now use the system of care model to develop individualized treatment plans that include all of the services needed to restore their well-being. Unfortunately, "system of care" is only available to children with severe mental health problems. DSS officials have informally proposed expanding this system to children in foster care with less severe mental health problems with funding from the federal Title XIX Early Periodic Screening Diagnosis and Treatment (EPSDT) program.

EPSDT funding could pay for expanded social, mental health, and health services for abused children and families. The former DSS deputy director of Children and Family Services believes the State could tap EPSDT funding for expanded prevention, family maintenance, and child welfare services. A federal waiver may be needed to ensure EPSDT funds can be used where they will do the most good. At a minimum, the Department of Health Services and federal Medicaid officials would need to agree on the services that could be funded and how counties would tap the funds.

A proliferation of pilots, demonstration projects, and local innovations attest to the interest in fundamental changes to how programs are organized. While state and federal agencies encourage these initiatives, local officials say the federal and state funding requirements are among the highest hurdles to integration.

Data, Performance, Accountability

As described in Finding 1, successful public policies begin with a common vision for what is needed and strong leadership to forge effective programs. To succeed, the programs should embody mechanisms for accountability. Among them: Data are rigorously collected and analyzed to define the problem. Clear objectives are set with identified measures for assessing progress and success. Program practices are adopted that demonstrate the ability to economically achieve the objectives. And performance data are collected to gauge effectiveness and shape refinements.

The State has not integrated these characteristics in its programs serving vulnerable children. Particularly, the State lacks the data needed to understand child abuse and assess the effectiveness of its efforts to protect children. Unfortunately, this situation is not new. In 1987, the Commission concluded:

> *There is inadequate information regarding the outcomes of reported cases of neglect and abuse. Thus, the benefits of the current system for handling neglected and abused children and its cost effectiveness are difficult to determine.*[36]

The Legislature did require DSS to establish performance standards and to hold counties liable for meeting those standards.[37] But in 1992, the Commission found that those standards were not in place, and again recommended that management of foster care programs be based on the performance of state and local agencies:

> *Recommendation 13. The state Department of Social Services should complete the foster care performance standards in accordance with Chapter 1294, Statutes of 1989. Once the standards are developed, the Department should monitor counties' adherence to the standards, while allowing counties discretion in how to meet those standards.*
>
> *Recommendation 14. The Governor and the Legislature should enact legislation requiring a bona fide longitudinal study of California's foster care system and its clients to determine the long-range effectiveness of the system.*[38]

The Legislature also has called for foster care performance standards to be linked to the Child Welfare Services Case Management System.[39] While the case management system is operating statewide, performance-based program management has not been fully implemented. The department reports that the new computer system does not collect all of the information needed to assess performance and additional data will need to be collected.[40]

In 1998, the Commission requested the then-director of DSS report on any progress made toward achieving these recommendations. She testified:

> *The Research and Evaluation Branch of the state Department of Social Services has created a longitudinal database of foster children in cooperation with the Child Welfare Research Center at the University of California at Berkeley. The project is now approximately 5 years old, and will shortly be incorporating data from the Child Welfare Services/Case Management System into the database. Annual reports are produced from this database by the Child Welfare Research Center. The reports compiled from this data include case characteristics and performance indicators such as case flow, including intake and termination; placement patterns; client characteristics; length of stay in placement including stability indicators; and various performance indicators including placement with kin. Along with statewide indicators, the Child Welfare Research Center also includes as part of their report information on individual county performance indicators. The measures contained in the report are used by county and state staff in improving child welfare services to children.*

The director's response demonstrates that much work remains before performance-based management is implemented. While collaborating with the Child Welfare Research Center is progress, the State still lacks the comprehensive longitudinal database that is needed.

Help Wanted

Another element to successfully addressing the needs of abused children is an adequate supply of well-trained professionals to staff the programs serving children and families. To provide child welfare services California funds approximately 7,500 full-time county workers at an average annual cost of approximately $100,000.[41]

State funds are distributed to counties based on a cost plan that establishes the resources counties will need to manage their caseload. Counties are required to match state and federal funds or their allocation can be reduced. According to DSS, local fiscal constraints have prevented some counties from receiving all of the federal and state money available to them. As a result, since fiscal year 1994-95, budgets for county staffing have been based on actual county staff levels. These staffing levels are lower than needed to meet workload and staffing targets.[42]

In some counties, attracting and retaining quality staff is a major obstacle to developing more effective programs. The Commission was repeatedly advised by care providers, academics, and program administrators of a critical shortage of qualified personnel to care for abused children.

In Sacramento County, the director of the health and human services department reported that 25 percent of his department's positions are vacant because of a shortage in qualified workers. To fill vacancies, he recruits staff from foster care providers. While his highest priority is operating his department, he knows that recruiting from providers limits the supply of foster care. Similarly, group home representatives testified that because of staff shortages they cannot expand to meet the growing demand for foster care. In turn, shortages in suitable foster care forces children into

Adequacy of Foster Care Workforce

According to industry representatives, foster care providers are experiencing extreme staffing shortages due to their inability to provide competitive salaries and benefits in a scarce labor market. High vacancy rates inhibit efforts by foster care providers to sustain high quality treatment services for children in their care.

The industry argues that the present rate structure for foster families and group homes has not kept pace with changes in the labor market for almost a decade. An industry study of comparable wage data for a sample of occupations shows that group home direct care staff are almost at the bottom in terms of average hourly wages. Janitors, animal caretakers, service station attendants, and fast food cooks enjoy higher average hourly wages. Social workers in group homes do not stack up much better. Using Employment Development Department (EDD) survey data the industry representatives note that a word processing typist makes a higher salary than a foster care social worker with a master's degree in social work. According to the industry, the average group home entry-level salary is $6.29 per hour for staff providing direct care. The average entry salary for a caregiver in a foster care group home is approximately $12,000 a year.

Employee turnover rates have skyrocketed along with vacancy rates due to low and stagnant salaries, no or limited benefits, long hours, and poor career ladders. National data from the Child Welfare League of America shows a 30 to 50 percent annual turnover rate in residential care facility staff in prior years. However, data in the last two years indicates turnover rates approach 90 percent in some sectors of the group home industry.

Source: California Association of Services for Children out-of-county care homes or into emergency receiving homes – adding to the trauma and driving up costs.

In 1998 the Legislature enacted SB 2030 (Chapter 785, Statutes of 1998), requiring DSS to evaluate the adequacy of child welfare staffing, and report back by January 2000. The department has been slow to implement this requirement, but it has issued a request for proposals from vendors. This evaluation is expected to identify new budget approaches to these problems. The department also has initiated training and staff development initiatives to help counties expand the child welfare workforce by training social workers.

County Child Welfare Staffing

The State budgets funding for approximately 7,500 full time equivalent county workers annually. The workload standard allocates a full time equivalent position for a specified number of cases in six work categories:

	Staff : Caseload
Emergency Response Assessment	1 : 320
Emergency Response Services	1 : 15.8
Family Maintenance Services	1 : 35
Family Reunification Services	1 : 27
Permanent Placement Services	1 : 54

One supervisor position is added for every seven full-time equivalent positions allocated. Excluding emergency response assessment staffing, this formula on average provides one worker for every 33 cases. But due to vacancies and under-used positions, actual caseloads of 50 and 60 cases per worker are common.

Foster care administration costs are shared 50 percent federal, 35 percent state, and 15 percent county.

Source: DSS 1999-00 Local Assistance Estimates. Pages 237 & 295-6 and Sept. 17, 1998 CFL 98/99-32

Creating Accountability

In 1987 and again in 1992, the Commission recommended creating a cabinet office to provide high-profile leadership and executive-level management for children's services. While then-Governor Wilson created a Secretary for Child Development and Education by Executive Order W-1-91, attempts to fully authorize a children's services agency failed.

Creating a new agency is difficult because the programs involved are complex, serve broader constituencies than children, and do not share common goals and objectives. To fully unify children's services would require duplicating the expertise in functional-based departments.

Still, the missing element is the day-to-day leadership focused on children. As a result, it may be necessary to build into the existing agency structure a means of concentrating authority, responsibility, and accountability for delivering the highest quality of care to abused children.

Since most of the programs serving abused children are in the Health and Human Services Agency, that agency should assume this leadership role. State programs outside the Health and Human Services Agency can be addressed by interagency coordination through the Governor's cabinet. While the responsibilities of the Health and Human Services secretary are broader than children programs, an undersecretary reporting directly to the secretary could provide the child-focused leadership and management that are needed. The undersecretary could ensure programs are coordinated, reforms are effectively implemented, and a true partnership is developed between the state and county agencies responsible for helping abused children.

To complete the circle of accountability, the undersecretary would be held accountable to policy-makers for the performance of programs fashioned to achieve the State's goals for abused children.

Recommendation 2: The Governor and Legislature should create in the Health and Human Services Agency an Office of Child Services, headed by an Undersecretary of Child Services, responsible for preventing child abuse and caring for abused children. The Undersecretary should be directed to:

- ✓ ***Improve partnerships.*** The Undersecretary of Child Services should establish a council of federal, state, and local partners to define and implement reform strategies and determine responsibilities for preventing child abuse, providing high quality care, and improving outcomes for abused children.

- ✓ ***Increase performance accountability.*** The Undersecretary of Child Services should have clear authority and responsibility to direct state programs serving abused children and be held accountable for the performance and outcomes of those programs.

- ✓ ***Create an accurate child abuse database.*** The Undersecretary of Child Services should compile and maintain a comprehensive and consistent database on the status of affected children, and on the characteristics, demographic factors and impacts of child abuse in California. This data should be publicly available to promote understanding of child abuse, its prevention, remedies, and consequences.

- ✓ ***Adopt comprehensive performance measures.*** The Undersecretary of Child Services should clearly define a comprehensive set of performance standards and outcome measures for all programs serving children vulnerable to abuse.

- ✓ ***Identify best practices.*** The Undersecretary of Child Services should research, evaluate, and identify practices that produce the best outcomes for children, have the highest return on investment, and can be replicated to produce the highest quality of care for vulnerable children. The Undersecretary should ensure these practices are implemented to the maximum extent feasible.

- ✓ ***Reengineer the funding process.*** The Undersecretary of Child Services should lead a multi-department effort to integrate the resources of state programs serving children vulnerable to abuse and at-risk families. The effort should include pursuing federal waivers to meld funding streams and eliminate program-based barriers to high quality care. The Undersecretary also should consider financial incentives for foster care and service providers, such as those who successfully provide stable homes for children who have moved from one placement to another.

- ✓ ***Assist recruitment and expand training.*** The Undersecretary of Child Services should help counties and providers recruit, train, and retain an adequate cadre of professionals from a range of disciplines, including health, mental health and child development. This should include expanding initiatives such as educational scholarships for county social workers and collaborative efforts with universities to meet the demand for qualified workers.

Assessing Performance

Finding 3: The State does not systematically assess the performance of child abuse programs, reduce the barriers to quality services and replicate successful strategies.

The management structure outlined in Recommendation 2 provides for the Undersecretary to build a database and establish performance measures to help transform individual programs into an integrated system of care for children in foster care.

Placer County Outcome Indicator Assessments

The Placer County Children's System of Care (CSOC) uses a simple yet comprehensive outcome indicator assessment to measure the success of CSOC in improving service and care for children.

Children are assessed every 90 days on five principal outcome measures:

1. Safe
2. Healthy
3. At Home
4. In School
5. Out of Trouble

These major outcome indicators are subdivided into 20 sub-measurement assessments. Staff familiar with each child assesses the child's current status across all 20 indicators. Possible assessment scores range from a high of 5 points to a low of 1 point.

For example, assessment questions for "healthy" include: Is the child free of disease or illness or are diseases or illnesses medically managed? Is the child happy with life and experiencing a positive self-attitude? Is the child free from exposure to illicit drugs or alcohol? For older youth – Is the child pregnant or causing pregnancy, and if pregnant is the youth participating in prenatal care? Is the child achieving an appropriate level of physical, mental and emotional development? These questions are evaluated using the 5 point scale.

Similar assessments are done for the "safe, at home, in school, and out of trouble" outcome indicators. The result is an assessment process that produces program outcome measures that help improve service and care for individual children and provide managers and policy makers with valuable information to make decisions on allocating scarce resources and improving programs.

Source: Placer County AB 1741 – Youth Pilot Program Attachment III

Similarly, policy-makers need information to hold the executive branch accountable for progressing toward statewide goals, and for refining those goals based on societal changes and the best available strategies.

Performance data also is important given the state-county partnership that California relies upon to respond to child abuse. At its best, this structure provides for counties to pioneer new approaches and adopt strategies that have worked for other counties with similar circumstances. But without good information, the State and counties lack a basis for putting together successful strategies. Without data, pilot projects are exceptions to the rule, rather than incubators of reform. As a result, bad pilot projects can be institutionalized locally and good pilots are not implemented elsewhere.

In the course of this study state program administrators were asked basic questions that surprisingly could not be answered. How many children in California are abused? Where are they in California's communities? How much child abuse could be avoided through prevention? What happens to abused children after they leave foster care? How many children become self-sufficient adults and how many sink into permanent public dependence or end up in the criminal justice system? Where is the performance data needed to identify the practices that economically produce the best outcomes?

The State and academic researchers have prepared a large body of data, studies, and reports. But much of the information has a narrow, program-based focus that hinders the ability to develop a comprehensive understanding of child abuse and efforts to remedy it. For example, the Department of Health Services' Medi-Cal Eligibility Data System reports foster care case data differently than DSS reports foster care case data.

Historically, the data also have been unreliable. For example, the Foster Care Information System reported that in 1997 five 1-year-olds ran away and that two 1-year-olds reached the "age of majority" or were emancipated from foster care.

Obstacles to Accurate Information

The State's data collection and reporting systems provides fragmented and confusing information concerning efforts to support abused children and troubled families. Major obstacles to accurate and comprehensive assessments of safety, success in promoting permanence, and promoting child well being include:

Fragmented Data Collection: Data collection and reporting systems are largely built to meet program funding and accounting requirements. Separate data collection systems are used for foster care, CalWORKs, Medi-Cal, Mental Health, Developmental Disability Services and Education programs. Data are not easy to aggregate across systems to assess how well programs collectively work to meet the needs of abused children and troubled families.

Redundant Data Collection: The same data are collected separately by different systems. For example, the Child Welfare System/Case Management System (CWS/CMS) and the Medi-Cal Eligibility Data System (MEDS) do not directly share information about foster care children and health care coverage. Case workers use separate computer terminals to enter information for the same child.

Obsolete and Confusing Data Reporting: Data collection systems are not reconciled. As a result systems do not share information or update each other with more accurate information across systems. For example, if a change of address is entered into the CWS/CMS system the other systems are not updated.

Obstacles to Understanding: Because of these distinctions, the ability to analyze performance is limited. For example, assessing impacts of CalWORKs on foster care caseloads is complicated by the multiplicity of data sets – MEDS, CWS/CMS, SAWS, etc.

Barriers to Integration: Multiple data systems retard efforts to integrate services. For example, Placer County has combined child welfare, health care, mental health, substance abuse treatment, public health, and educational services into an integrated service delivery system. In order to comply with state requirements it must disaggregate data into separate reporting systems at added administrative expense that detracts resources from improved service and care delivery. Data also are not shared in order to produce seamless service and care delivery. For example, in many counties when older youths emancipate from foster care they are directed to reapply for Medi-Cal eligibility even though in most cases the all of the information necessary to continue their Medi-Cal eligibility is known by the county already.

Required reports use different measures and assessment methods, and are based on different reporting periods. The information is not provided in a way that is useful to policy makers. Additionally, much of the research focuses on foster care and child welfare services, rather than developing a comprehensive understanding of child abuse and effective strategies for combating it. So while not enough is known about children in foster care, less is known about at-risk children who remain with their parents.

As a result, the State does not know how many abused children end up in the criminal justice system or dependent on public assistance as adults. Without a clear understanding of child abuse it is difficult to craft appropriate public policy. How much effort should be invested in abuse prevention? Should the State mandate more child abuse reporting? Which kinds of abuse have the most impact and need the most attention? Should a harder line be taken against parents with substance abuse problems?

"We were unable to conclude anything about the cost effectiveness of these programs."

– Department of Finance Report April 1997

In this environment, headlines and horror stories rather than data and outcome analyses drive policymaking and program management. In 1987, the Commission noted:

> *Administration of programs for the neglected and abused at the state level is hampered by a lack of useful information about the outcomes of treatment services. Although the State collects information on the disposition of foster care cases, such as adoption, guardianship, and emancipation, there is no comparable data of the effectiveness of family reunification services or those prevention services.*[43]

As a result, detailed evaluation of the department's child welfare program is still not possible. In April 1997, the Department of Finance could not answer the basic question – does California's child welfare system effectively protect children? The department concluded: "Little information is currently available to make a reasonable assessment about California's (child welfare) system... And because it was not possible to assess the effectiveness of specific child welfare programs, we were unable to conclude anything about the cost effectiveness of these programs."[44]

The California Welfare Directors Association in 1994 developed six outcome measures for the child welfare programs. The measures were designed to determine if children are "reaching adulthood having experienced a safe, health, and nurturing environment, and whether CWS (child welfare services) are preventing further incidence of abuse, neglect or exploitation of children receiving services." The association suggested that counties adopt the outcomes, but few counties are using such measures.[45]

The need for performance-based management of the State's programs for abused children has grown proportionately with the growth in the number of abused children and the growth in foster care caseload. The State needs to reassess its objectives and ensure that they are child-centered, developmentally appropriate, and comprehensive in scope. Strategies must be clear, cut across programs, and have defined measures of success.

However, agreement on clear outcome objectives is only half of the solution. To achieve these objectives the State needs well-managed, coordinated programs built on proven program practices. To develop such practices the State must compile comprehensive data concerning child abuse, model and test strategies to prevent or address child abuse, assess which strategies produce the best outcomes, and make sure they are implemented.

Oregon Shines

The Oregon Progress Board, charged with developing statewide goals for the State, created *Oregon Shines* in 1989. The Progress Board adopted benchmarks to track how well Oregon is progressing toward the goals outlined in *Oregon Shines*. One benchmark is "child abuse," defined as the number of confirmed reports of "abused, neglected and abandoned" children per 1,000 children under 18. Oregon's current rate of child abuse is 12 children per 1,000. Oregon's goal is to reduce this number to 9 per 1,000 by the year 2000.

To assure progress is made toward attaining the State's objectives in regard to abused and neglected children and resolving implementation issues, child welfare efforts need to be continuously reassessed. This review should be based on consistent, longitudinal data and rigorous analytical research.

Recommendation 3: The Governor and the Legislature should direct the Undersecretary to regularly report on the performance of child abuse programs. The report should include:

- ✓ ***Outcome-based measurement.*** The Undersecretary of Child Services should annually report to the Governor and the Legislature on the quality of care and achievement of child-based outcome measures in the area of safety, well-being and permanence. To gauge cost effectiveness, each program serving abused children should detail the number of children served and expenditures made to achieve the State's goals for these children.

- ✓ ***Recommendations for improvements.*** The Undersecretary of Child Services, based on the examination of best practices, other research and evaluations, should recommend to the Governor and Legislature statutory changes necessary to improve outcomes for abused children.

- ✓ ***Improved support for local initiatives.*** The Undersecretary of Child Services should identify and report to the Legislature and the Governor on opportunities for the State to improve support for local initiatives successfully serving abused children and their families, including incentives to counties the replicate proven strategies.

Thinking Long-Term

Finding 4: The State has not fully recognized the impact of child abuse on broader public goals such as reducing crime, improving adult self-sufficiency, and increasing the productivity and well-being of the State's residents.

Integrate programs, then integrate policy-making. Currently we deal with these issues program by program, from budget to budget. We know that the effectiveness of policies and changes in communities are inter-related, but the policy-making and budgeting process discourages thinking about issues for the long term.

Recommendation 2 describes how a data-based understanding of child abuse and public remedies could aid in better management of programs. Recommendation 3 provided for that knowledge to inform the policy-making process. But there is also an opportunity for this knowledge to help policy-makers set goals based on the long-term impacts.

The Commission has issued a number of studies on prisons, child care, school finance, child support enforcement, juvenile justice and healthcare that make a connection between success and failure of children and larger state objectives.

In its 1987 foster care report, the Commission noted:

> *Without a dramatic rethinking and restructuring of our State's children's services delivery system, a significant portion of our next generation of children will not be able to assume responsible roles as productive members of society. Moreover, many of these youths ultimately will end up being supported by the State in its criminal justice institutions, welfare system, state hospitals, and other state-supported care facilities and programs.*[46]

Criminal justice studies show a high correlation between child abuse and juvenile delinquency and criminal activity. A number of public assistance studies have documented a connection between teen pregnancy and welfare dependence and childhood abuse and neglect. Likewise, studies of alcohol and drug abuse link higher levels of child maltreatment and neglect to increased substance abuse.

A study of children entering the California Youth Authority (CYA) from 10 different counties found that 22 percent of the wards had been the subject of a child abuse report, substantially higher than the incidence of abuse reports in the general population.[47]

A 1999 study by U.S. Department of Justice, Bureau of Justice Statistics found that between 6 percent and 14 percent of male offenders and between 23 percent and 37 percent of female offenders reported they had been physically or sexually abused before age 18.[48] The study did not include offenders who had been neglected as children. Since the number of children entering foster care because of neglect is higher than for abuse it is likely that these numbers understate the impact child maltreatment has on criminality.

A University of Wisconsin study of older youth who left foster care demonstrates the connection between abuse and adult public assistance, health, and criminal justice programs. The study compared outcomes for foster youth by assessing them before and 12 to 18 months after they left foster care. The study indicated that after leaving foster care these youth had significant problems caring for themselves and in many cases continued to be dependent on public programs. [49] For example:

☐ 32 percent obtained adult public assistance after leaving foster care.

☐ 12 percent indicated they were homeless, living on the street, or in a public shelter for at least part of the time since they had left foster care.

☐ Almost 40 percent of the youth were unemployed.

☐ 51 percent of the youth indicated they had no insurance coverage, and presumably relied upon charity or emergency room service when they became seriously ill.

☐ 27 percent of the males and 10 percent of the females reported being incarcerated at least once in the 12 to 18 month period since leaving foster care.

The Wisconsin study underscores the need to recognize the long-term social and fiscal consequences of failure to prepare foster youth to transition successfully to self-sufficient adulthood.

Other studies assessing effective prevention and foster care programs illuminate ways to help vulnerable or abused children and avoid long-term social costs. For example, early intervention to prevent abuse is an area in which research shows the State has an opportunity to help children and families while capturing long-term public cost savings. A recent study by the RAND Corporation makes a strong case that early intervention programs, targeted properly, can help children and be cost-effective. The RAND study suggests the State could recoup its investment in these programs within four years and capture significant long-term cost savings.[50]

The chairperson of the U.S. Advisory Board on Child Abuse and Neglect in his testimony to the Commission stressed the importance of understanding that child abuse must be viewed in a context beyond child protective services or child welfare programs.[51] He stressed there must be a broadening of efforts to prevent and address child abuse that incorporates community-wide efforts. That effort begins by recognizing that child abuse programs both impact and are impacted by other social programs. For this reason, California needs to recognize and track longer-term impacts of child abuse and view early intervention abuse prevention and child welfare programs as a firewall that can avoid adult public dependency.

The first step in developing meaningful strategies to avoid adult dependency is to understand what happens to abused children and target efforts at improving performance where outcomes are poor. Unfortunately the State has not tracked the children served by its child welfare programs. Some initial steps are being taken to collect this data. DSS recently started an outcome study of youth leaving foster care.

In all aspects of child abuse – prevention, foster care and assistance to children leaving the child welfare system – the State should be driven by outcome-based, cost-effective strategies that recognize long-term impacts. State departments with adult public assistance and criminal justice program responsibilities should work with child service programs to preempt the need for more prisons and welfare programs to address failings of the child welfare system.

Recommendation 4: The Governor and the Legislature should integrate the consequences of child-based programs into policy decisions promoting the broader public interest. Specifically, policy-makers should:

- ✓ ***Consider long-term impacts.*** The Undersecretary of Child Services should, in the annual report to the Governor and the Legislature, assess how child abuse programs and trends will impact other social, criminal justice, and health programs in the future. The Undersecretary also should recommend policy changes that would reduce long-term public costs.

- ✓ ***Assess impacts of child abuse on adult maladies.*** The Undersecretary of Child Services should work with criminal justice, public assistance, and health care offices to identify adults who were abused as children. Based on that information the Undersecretary should refine child welfare programs to produce better long-term outcomes.

- ✓ ***Invest to reduce long-term costs.*** The Department of Finance should assess and report annually how investments in children's programs are impacting the costs of other state programs and recommend ways those investments can be used to reduce long-term costs.

Targeted Abuse Prevention & Early Intervention

Findings and Recommendations on:

✓ Intervening Early

✓ Assessing Risk

✓ Watching Welfare Reform

Intervening Early

Finding 5: Child abuse prevention and early intervention efforts fall short of their potential to protect children from harm and spare families the trauma of losing children to foster care.

There is universal agreement that the preferred solution for child abuse is to prevent it. For decades child advocates, program administrators, academics, and providers have argued for expanding prevention and early intervention efforts aimed at reducing factors associated with child abuse and strengthening families to avoid the need for foster care.

Still, prevention and early intervention efforts are severely limited, constrained primarily by funding. But funding is limited in part because not all of these programs are cost-effective.

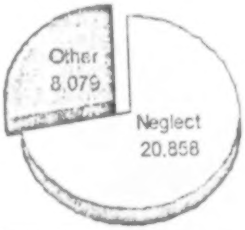
Strategies for preventing abuse include prenatal parenting classes, home visits and family resource centers. Early intervention efforts attempt to stop neglect and head off the abuse that could result in a child being taken into foster care. Early intervention programs include drug treatment, anger management, and parent respite care.

Prevention and early intervention programs are more often focused on families – assessing and responding to the problems that lead to abuse and neglect. In contrast, most foster care strategies are focused on the safety and well-being of the abused child.

Critics charge that prevention and intervention programs are anemic. For example, one study found that in more than 90 percent of the California foster care cases that were reviewed, family preservation efforts were not made before children were put into foster care, other than to provide family assessment and referral services.[52]

Research indicates that a growing proportion of the children in foster care come from families where neglect is the primary cause for foster placement. This has encouraged prevention and early intervention advocates who believe that in many cases neglect can be prevented by targeted services to new parents.

Most Children Are Removed Due to Neglect



1996 foster care entrants.
Source: Child Welfare Research Center, 1996

Research also indicates that early intervention can expedite family reunification. A 1994 study of family reunification for California foster care children found that families who received services had children returned home from relative foster care faster than families who did not receive prevention services.[53]

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As described in the funding table in Finding 2, the dollars dedicated to prevention and early intervention are limited and capped – at a level that advocates argue is inadequate. In contrast, foster care funding is driven by case counts and expands automatically to increasing foster placements. As a result, it is much easier to expand foster care than to fund programs to prevent the need for foster care placements.

In the early 1990s, a pilot program was created that allowed counties to shift funds from foster care to prevention efforts. Counties could shift up to 25 percent of the State's annual share of foster care to pay for activities intended to reduce the growth in foster care placements. If the caseload growth was not reduced, counties were responsible for paying the costs of providing the additional foster care.

Milestones in Foster Care Prevention and Family Preservation

- **AB 948 & AB 546 – Bronzan (Chapter 91, & 868 Statutes of 1991)** - advanced up to 25 percent of projected expenditures for State Aid to Families with Dependent Children –Foster Care (AFDC-FC) in counties participating in the State Family Preservation Program (SFPP).
- **Federal Omnibus Reconciliation Act 1993** - authorized and provided funds for state Family Preservation and Support Programs.
- **AB364 – Bates (Chapter 961, Statutes of 1994)** - implements in California the family preservation and support provisions contained in the 1993 federal omnibus reconciliation act. Requires development of a "coordinated, seamless system of services that includes both family support programs and family preservation services."
- **Title IV-E Child Welfare Waiver Demonstration Project Approved August 1997** - authorizes use of federal funds to reinforce permanency and stability within families by extending the amount of time parents may voluntarily place a child with a relative or close friend and allows services for children who remain with their parents.
- **SB 1897 – Wright (Chapter 1069, Statutes of 1998)** - provides a supplemental permanent transfer of funds to serve additional populations of eligible children not served in the initial phase of implementation of SFPP.

Most counties used the money for "family preservation programs" – services intended to keep together families that without intervention would almost certainly be separated to protect the children.

Counties that met the targets for three consecutive years were allowed to "institutionalize" the prevention funding – eliminating the risk of having to pay for a growing caseload. Fifteen counties opted to participate. All but one of the counties – Los Angeles – met their targets and institutionalized the funding before a 1998 deadline to do so.

In 1998, the Legislature and Governor enacted SB 1897 (Wright), which restores some ability for counties to shift state funds from foster care into prevention programs. Counties that had not taken full advantage of the pilot can now do so, and institutionalize the funding if they reduce caseloads for three years.

The bill also provided a mechanism to reduce the penalties to Los Angeles County for exceeding its target for reducing caseload. County officials maintained that federal and state requirements to expand the use of relative foster care had resulted in children staying in the system longer – and as a result, the caseload grew larger. County officials said that caseloads grew significantly slower in portions of the county that received family preservation services than in portions of the county where the services were not provided.

In the 1999-00 state budget, the 14 counties will dedicate $14.8 million for prevention and early intervention programs – $3 million of it from federal sources. Los Angeles will spend $30 million on prevention and early intervention through the provision, $4 million of that from federal sources.[54]

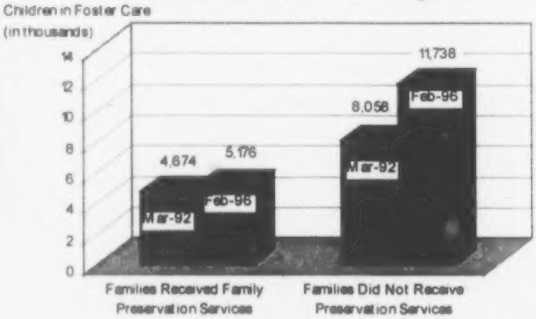
Counties generally support this funding approach. But some county officials, such as those in Los Angeles, argue that changes in foster care caseloads are driven by factors beyond their control. The prevention and early intervention efforts may be effective at reducing growth, but some new factors could continue to push up foster care caseloads. As a result, it is hard to convince county boards of supervisors to increase funding for prevention and assume the risk that the county will have to pay even more in the long run. Additionally, in some counties, the 25 percent limit is not enough to provide meaningful prevention and early intervention efforts to be developed. For example, in 20 percent of Los Angeles County family preservation services are not available.

Finally, critics argue measuring success solely by reduced foster care spending may not be good public policy. If prevention and early intervention programs identify additional child abuse, total costs might actually go up. But the children and families may be better off by having received help before the abuse continued and worsened.

What the Research Shows

Policy-makers interested in early intervention have been hindered by a lack of good data to evaluate the effectiveness of alternative strategies. A 1998 study by the RAND corporation noted that while different early intervention strategies have been piloted throughout the country, a lack of common data makes it difficult for policy-makers to make knowledgeable decisions on which approaches work best and how to target expenditures.[55]

Family Preservation Services Help Keep Kids Out of Foster Care in Los Angeles



Source: Los Angeles County, "The Family Preservation Approach in L.A. County."

Still, RAND concluded that early intervention can produce a positive return on public investment. The RAND study stressed that the most cost-effective programs were those that accurately targeted high-risk populations – reinforcing the need for rigorous outcome evaluation. Similarly, the Legislative Analyst's Office (LAO) has recommended that the State use General Funds to match county Proposition 10 funds for

Preventing Abuse in Elmira

The RAND prevention study singled out a home visitation project conducted in Elmira, N.Y.

Participants: Pregnant women were recruited from a free clinic sponsored by the Chemung County health department. Participants were targeted who had no previous children, were less than 25 weeks pregnant, under 19 years old, unmarried, and low-income.

Methodology: Participants were visited by a nurse an average of nine times during pregnancy and 23 times between birth and the child's second birthday. Nurses promoted three aspects of mothering: Healthy behaviors, competent care of children, and maternal personal development – including family planning, education, and employment. Outcomes were assessed 15 years later.

Outcomes: Home visits improved prenatal health-related behavior and reduced the rates of child abuse and neglect, maternal welfare dependence, closely spaced pregnancies, maternal criminal behavior, behavioral problems due to use of alcohol and other drugs, and children's intellectual impairment associated with prenatal exposure to tobacco.

In turn, as the children grew, they also experienced healthy lives: Fewer children ran away from home, were arrested, convicted or violated probation. They had fewer lifetime sex partners, smoked less and consumed less alcohol. Parents reported children had fewer behavioral problems.

Source: Olds et al., Home Visitation and Children's Antisocial Behavior, JAMA.

efforts modeled on the cost-effective approaches identified in the RAND study.

An analysis of family preservation programs conducted by the Center for Children at the University of Chicago amplified the need to target at-risk families. Eight programs reviewed by researchers did not produce significant reductions in foster care, while seven of the programs reviewed did reduce foster care placements. The researchers concluded that the effectiveness of programs is diminished by the difficulty in targeting families that are at risk of losing their children to foster care.[56] In fact, the study found that these efforts frequently uncovered unreported abuse and resulted in interventions that would not otherwise have occurred. As a result, prevention programs can increase foster care caseloads when programs are not targeted at high-risk families. The study concluded: "When the risk of (foster) placement among family preservation clients is low, it is unlikely that a program will demonstrate significant reduction in (foster care) placement."

Piloting Prevention and Early Intervention

Because of these uncertainties, the State has moved slowly toward expanding prevention and early intervention programs. DSS has sponsored a number of pilot efforts designed to identify effective strategies. These efforts focus on early intervention, increased services to at-risk families, and expanding family reunification and maintenance services.

DSS is undertaking the California Safe and Healthy Families (Cal-SAHF) program, a three-year partnership with Children's Hospital-San Diego intended to prevent child maltreatment. The project will assess the effectiveness of family support home visiting combined with center-based services for very young families at risk of child abuse. The department and Children's Hospital also are conducting Healthy Families-San Diego

(HF-SD), a five-year clinically controlled study of family support home visiting services by paraprofessionals.

Statewide, the Child Abuse Prevention, Intervention and Treatment (CAPIT) augmentation provides about $15 million to counties for needed services to children who are either abused or at risk of abuse and neglect.[57]

The RAND study and the LAO report powerfully argue that the State should increase funding for prevention and early intervention efforts that produce cost savings and effectively prevent or stop abuse. The State should also require rigorous performance evaluation to ensure different models can be assessed for their relative effectiveness.

The State is making progress in expanding prevention and early intervention programs, offering increased support for community-based efforts to strengthen families, prevent abuse, and reduce the need for foster care placement. Unfortunately, the efforts to date have not provided relief from increased growth in foster care. Among the reasons is that state efforts have been small compared to the reports of abuse flooding into county CPS offices. By under-investing in child abuse prevention, the State ends up paying much more to deal with the long-term consequences of abuse. Still, the research shows policy-makers can confidently invest in abuse prevention efforts, provided they are carefully crafted, implemented and monitored to ensure they are lowering the demand for foster care.

Recommendation 5: The State should expand cost-effective child abuse prevention and early intervention efforts. The Governor and Legislature should:

- ✓ ***Require consistent performance evaluation.*** The State should require pilot and demonstration projects to adhere to rigorous common data collection and assessment methods.
- ✓ ***Leverage local resources.*** Legislation is needed to promote the use of local resources, such as Proposition 10 funding, to decrease the need for foster care, child welfare services, and other public assistance programs by preventing child abuse and strengthening families.
- ✓ ***Replicate proven models.*** The State should encourage innovative programs by funding pilots, conducting rigorous evaluation and aggressively expanding cost-effective strategies to minimize child abuse and the need for foster placements.

Assessing Risk

Finding 6: The State lacks an accurate and dynamic assessment tool to measure the risk to vulnerable children and determine the best approach to promote their well-being.

Among the hardest decisions made by public employees is to take children away from their parents. While at times, children are clearly in danger, the trauma of separation adds to their woes. In many cases, the risk is difficult to assess. Other factors also are considered – everything from the time of day to the availability of foster homes. And when wrong, the decisions are often scrutinized in headlines and public forums.

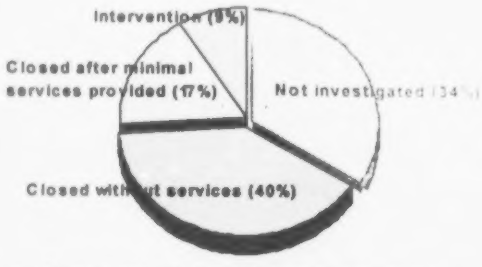
When a child is left with their parents, and then dies at their hands, this decision becomes the focus of public attention. When a family believes "the government" has taken their child away unnecessarily – some of the same questions are asked. Improving how these decisions are made is essential to protecting children, and maintaining the public confidence in that mission.

Inconsistent Assessment

Every year California's child welfare agencies receive hundreds of thousands of reports alleging child maltreatment. The reporting and investigation process is the gateway into the child welfare system and foster care. By law, many professionals who work with children are required to report suspected abuse, including teachers and doctors. The law also requires counties to screen and investigate these reports – a process that involves assessing child safety and risk, providing emergency response services to children and families, and pursuing action to remove children from parents or guardians when necessary.

The law, however, leaves it up to counties to decide when to take children from families; these judgements are highly subjective and inconsistent. The degree of abuse and neglect that results in removing a child is not the same from county to county. One county may have a policy to place children in foster care if there is evidence of hard drug use – crack cocaine, heroin, or methamphetamine. Another county may keep that family intact as long as the social worker believes the parents are getting drug treatment and the children are not at undue risk.

Few Families Receive Intervention Services



Source: Department of Social Services, County workload reports 1996

According to workload data, of the approximately 700,000 child abuse reports received annually, 34 percent of reports do not require investigation. Another 40 percent are investigated and closed without further action. In 17 percent of the cases, some minimal services are provided and the case is closed. In about 9 percent of the cases a determination is made to intervene – either by intensive efforts to "preserve" the family or by taking the child into foster care.[58]

But there is significant evidence that the child abuse reporting process is not uniformly applied from county to county. For example, in 1995 Sacramento County received approximately 37,000 child abuse reports and determined 19,000 of these did not require in-person investigation. For the same period, San Diego County received approximately 35,000 child abuse reports but found that only 730 did not require in-person investigation.[59]

Fourth Time's the Charm for Jeremiah

Jeremiah was two and a half months old when he was "finally" placed in foster care. Unfortunately, like almost half the children placed in foster care, it took multiple reports of abuse and neglect before Jeremiah was taken from his abusive and neglectful parent.

Jeremiah's mother La Tanya is a high school graduate who, at age 28, gave birth to her first and only child. Social workers report that La Tanya was physically abused and neglected as a child. She has a criminal record for prostitution and drug possession. She admitted using cocaine, methamphetamine, and alcohol.

Jeremiah's first report of abuse came at birth when medical personnel alerted Child Protective Services that he was born with traces of cocaine in his body. By the time CPS personnel followed up on the report La Tanya and Jeremiah could not be located.

A month later, a relative reported to CPS that La Tanya was physically abusing Jeremiah. A child welfare worker visited two days later. And while the worker was aware of the earlier report, the worker did not see any evidence during the visit to warrant additional intervention.

One month later, CPS received its third report concerning Jeremiah. Jeremiah was being left alone and his caretaker was often incapacitated. The social worker found "merit" in the report of "caretaker absence or incapacity," but left Jeremiah with his mother after instructing her to supervise him closely or ensure that he was in appropriate care before leaving her home.

Just two weeks later, Jeremiah was taken into protective custody after the fourth report of maltreatment. This time, the man La Tanya and Jeremiah were living with called the police. The man stated La Tanya had left the house the day before and had not yet returned; he was no longer willing to care for the child and CPS needed to come pick Jeremiah up.

After being placed in emergency foster care, Jeremiah was returned to his mother's care. He stayed with his mother for a few months before he again was abandoned and placed in foster care.

Jeremiah's case illustrates a major problem in the child protective system – the inability to effectively identify children needing rescue before the child becomes the victim of multiple instances of child abuse and neglect. As one child abuse researcher noted: "Infants like Jeremiah should not endure four reports before their cases are considered serious by child welfare authorities."

Source: The Tender Years, Toward Developmentally Sensitive Child Welfare Services for Very Young Children

Likewise, the number of cases dismissed versus the number where foster care services are warranted varies from county to county. In 1996, approximately 9 percent of the cases warranted foster care services statewide. But some counties such as Sonoma and Solano reported rates as low as 1 or 2 percent. There also is evidence that the data collection system is unreliable; only 19 counties reported that they had sufficient information to make an assessment in every single report they received.[60]

Even more disturbing is the accuracy of risk assessments used by counties. A study of abused children completed in 1998 by researchers at the University of California, Berkeley noted that multiple abuse reports for the same child were frequently made before action was taken to remove the child from the home.[61]

The decision to keep children in the care of their parents or remove them should be determined by what is in the best interest of the child. Which county the child lives in should not affect the decision. Nor should children be subject to repeated abuse because of a failure to properly assess the child's risk of further abuse.

Toward Accuracy

DSS has two initiatives aimed at improving safety assessments and better determining the type of care and services needed to best preserve and protect children and families.

The first is the "Structured Decision-Making" model. This pilot project is designed to develop an assessment model to increase the consistency and accuracy of decisions that social workers make in the field. According to the department:

> *The Structured Decision-Making model when properly implemented and supported will help ensure that families receive services appropriate for their levels of risk and identified needs by linking risk and needs assessments to service plans and actions taken in cases. The Structured Decision-Making model will assist in management of resources and provide agencies with management reports that can be used for monitoring, planning, and evaluation. The basic strengths of this approach lie in its completeness, simplicity, utility, and the accountability it introduces. Jurisdictions that use the Structured Decision-Making model can be expected to have better outcomes for children.*[62]

In addition to more accurately determining when a child should enter foster care, the department also expects the project to result in more families receiving the services they need, fewer repeated reports of maltreatment from the same family, and fewer foster care placements.

The pilot project includes the counties of Los Angeles, Orange, San Bernardino, Santa Clara, Alameda, Sacramento, and Humboldt. The project began in January of 1998 and will span 36 months. The Structured Decision-Making instruments and procedures have been developed. In early 1999, counties trained staff to use the model.[63]

DSS has contracted with the Children's Research Center to assess how the procedures are implemented and their performance. Three measures will be used: The rates of service provision. The number of new maltreatment reports and new instances of maltreatment after the initial report to CPS. And, the number of out-of-home placements and child injuries.

The second initiative is designed to improve the decisions of where to place children and how to determine the services they need. Under the provisions of SB 933 (Thompson), DSS in 1998 established "best practice" guidelines for:

1. Gathering background information on children and families.
2. Identifying needs and appropriate services for the case plan.
3. Monitoring and reassessing case plan progress.

The department believes that the guidelines are the beginning of a family-centered, strength-based, assessment and planning process for the spectrum of child welfare and foster care services.[64] SB 933 also requires the department to conduct a pilot project to test the effectiveness of the assessment guidelines. The department intends to solicit pilot project participants for the assessment in 1999.

The history of similar initiatives, however, is that they rarely move beyond the pilot stage. Evaluations are put off or are insufficient to tell policy-makers whether and how the tools should be implemented statewide.

Because the child welfare system is supervised by the State and administered by the counties, the State has been reluctant to direct counties how to perform specific activities. But improving assessments is an essential ingredient of an effective strategy to prevent child abuse. The department's efforts to improve the accuracy of risk assessments – as well as placement and service assessments – should be monitored, encouraged, and expanded.

These decisions are made under difficult circumstances. The number of reports at times can overwhelm child protective service workers and the availability of services and foster homes necessarily influence decisions. But the consequences of error are severe. All partners in the child welfare system have a stake in ensuring accurate risk and needs assessments.

Recommendation 6: The Department of Social Services, in partnership with federal and local government agencies, should develop accurate and dynamic assessment tools for statewide use. Specifically, the department should:

- ✓ ***Develop accurate safety assessment tools.*** The State should expedite efforts to develop tools that accurately assess the risk in maintaining children with their families or returning them to their families.
- ✓ ***Develop accurate assessment tools.*** The State should expedite efforts to develop family and child assessment tools to determine the care and services children need to be swiftly, safely and successfully reunified with their parents or placed in an alternative permanent home.
- ✓ ***Provide training and technical assistance.*** The State should promote statewide training and technical assistance to expedite full implementation of these tools by counties.

Watching Welfare Reform

Finding 7: Welfare reform could further stress families, making more children vulnerable to abuse and neglect.

Many advocates for children are concerned that welfare reform efforts will increase abuse and neglect of children. If this concern becomes reality, there could be consequences for the safety of children and the programs intended to protect them.

Welfare assistance has historically been used as a way to protect children from the adverse impacts of poverty without removing them from parents. Child welfare programs, on the other hand, are used to protect children from neglectful or abusive parents regardless of economic status. The two programs are designed to work together to protect children.

A number of studies note a causal relationship between increased child neglect and stress on families resulting from poverty. While being poor does not mean parents will abuse their children, the probability of a child being abused and particularly neglected increases dramatically with poverty.[65]

A report prepared for the Institute for Human Services Management indicated that in Los Angeles County a 2.7 percent decrease in AFDC benefits in 1991 was associated with a 12 percent increase in the number of monthly referrals to Child Protective Services (CPS). The same study also found that a 5.8 percent cut in benefits during 1992 was associated with an approximate 20 percent increase in referrals to CPS.[66]

A professor at the Institute for Research on Poverty at the University of Wisconsin believes the relationship between cash assistance to poor families and reports of maltreatment creates a dilemma for welfare reformers. He writes: "Welfare reform's impact on children will depend on how the states and localities prioritize the competing demands of moving parents into the workforce, preserving families, and protecting children."[67]

The researcher believes that whatever its limitations, public assistance complements the child welfare system. Welfare provides financial support to poor families. The researcher argues employing financial sanctions to enforce work or other welfare requirements may push marginal parents over the edge, causing them to fail to meet basic health and safety requirements for their children. If parents are denied assistance, children may end up in foster care (increasing welfare costs in the process). He also notes that the purposes of welfare reform and child protection are not necessarily irreconcilable. If states implement welfare reform in a way that enables families to become economically self-sufficient, the states may also reduce the need for child welfare services.

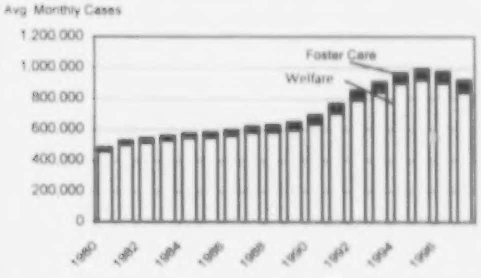
Child advocates are particularly concerned about three areas – work requirements, benefit sanctions, and time limits – where welfare reform could stress these families and undermine their ability to remain intact. The Urban Institute estimates about 1.1 million more children could fall into poverty as a result of welfare reform nationwide.[68]

A report from the U.S. General Accounting Office in June 1998 noted that nationwide welfare caseloads decreased by 30 percent between January 1994 and September 1997. The report also noted that while welfare dependence has decreased, little is known about how families have been impacted.[69] One early study of welfare families leaving cash aid in Maryland indicated that case closures have not been associated with significant increases in the size of foster care caseloads. Some researchers caution that early studies may be misleading since the first families exiting welfare are probably ones that were best equipped to be self-sufficient and that families leaving welfare later may have different experiences.

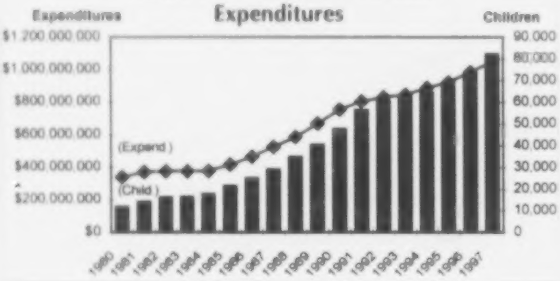
In California, welfare reform and a growing economy have helped to reduce the welfare caseload. But the number of welfare children in foster care – which is a subset of the overall foster care caseload – continues to increase. While the welfare and foster care programs are linked in many ways, the relationship between welfare policy reforms and foster care caseloads is not well understood.

The chart below left displays the sum of welfare cases and welfare-eligible foster care cases. The recent decline in the overall caseload is muted because of the increases in welfare–eligible children on foster care. The chart on the right shows the growing population of AFDC children in foster care, along with the growing expenditures.

Welfare vs. AFDC Foster Care



AFDC Foster Care: Average Monthly Number of Children & Annual Expenditures



Source: Department of Social Services

Because of the huge pool of children supported by welfare, any welfare reform changes that result in more families losing children to foster care will have an impact on foster care caseloads. Fiscally, the impact could be large, because supporting children in foster care is much more expensive than supporting children through welfare.

While the DSS officials contend that CalWORKs will not significantly increase foster care, critics of welfare reform charge that forcing families off welfare will stress already fragile families and add to foster care caseload growth. However, so far a direct link between increases in foster care placement rates and welfare reform has not been documented.[70]

DSS has contracted with the RAND Corporation to evaluate CalWORKs.[71] The evaluation will include a longitudinal survey of cash-aid recipients in an attempt to measure how CalWORKs changed the well-being of children and families. Within this context, impacts on foster care changes will be assessed. The RAND evaluation will be released in two phases: the Statewide assessment is scheduled for release in the fall of 2000. County assessments will be released in the fall of 2001.

While it is too early to determine how CalWORKs implementation will impact foster care, the State should try to reduce risks to low-income children from welfare reform changes. In particular, the State needs to monitor impacts on foster care caseload as welfare reform is implemented, assess the extent welfare reform is impacting foster care caseload, and adopt strategies to minimize child abuse and neglect in families receiving or leaving CalWORKs assistance.

Recommendation 7: Policy-makers should monitor implementation of welfare reform and mitigate any harmful impacts on children. The Governor and the Legislature should:

- ✓ ***Monitor the impact of welfare reform on child abuse.*** The State should require the Department of Social Services to monitor and routinely report on the impact of CalWORKs on the well-being of children. DSS also should recommend ways to reduce the possible harmful impacts of these reforms on children.

- ✓ ***Strengthen vulnerable families.*** The State should target resources and services at welfare families at risk of losing children to foster care because of increased stress resulting from welfare reform.

Quality Short-Term Foster Care

Findings and Recommendations on:

- ✓ *Ensuring Temporary Placement*
- ✓ *Healing Alcohol and Drug Abuse*
- ✓ *Enabling Relative Foster Care*
- ✓ *Delivering Comprehensive Services*

Ensuring Temporary Placement

Finding 8: Children are staying in temporary placement too long – aggravating the trauma of separation and limiting opportunities for permanent placement in nurturing families.

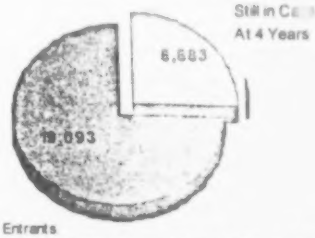
The number of California children in foster care has increased by more than 50 percent in the last decade. One reason for the growth in caseload is that children are staying longer in foster care. But more importantly than what this means for the system, is what it means for the children.

While necessary to protect children from abusive situations, foster care adds to the trauma for most abused children. According to the former director of DSS:

> *The current child protective services system is set up to make the child the problem. When a child is removed from the home, everything that is familiar and important to them is lost. The child is harmed by our intervention. We cannot pretend that there is no impact. As the needs of the child go unmet, their behavior becomes increasingly dysfunctional. All too often the system is unable or unwilling to provide the services, stability, and emotional support necessary for healthy development.*

The goal of foster care is to rescue abused children and care for them until they can be safely returned to parents or put in a permanent alternative home. Foster care is supposed to be short term. State goals call for family reunification efforts for all children to be completed within one year. Where reunification is not feasible a permanent placement is expected to be arranged as quickly as possible.

One-Fourth of Foster Children Are Still in Care After 4 Years



1993 Entrants

Source Child Welfare Research Center, UC Berkeley, 1997

But the reality for too many children is that foster care becomes a long-term placement. According to a 1997 study, one out of every four children entering foster care in California spends at least 4 years in care.[72] What impressed another group of researchers was the number of California children who did not leave care compared to other states:

> *The most striking result of the analysis of the time California's foster children spend in foster care prior to family reunification is the large proportion of children remaining in care relative to other states. In previous studies, even recent ones in other large states, a majority of the children have returned home within a year of entering care. In contrast, for the time period of this study, at the*

> *permanency-planning deadline of 18 months, about 40 percent of entering children have returned home.*[73]

One factor linked to longer stays in foster care is the emergence of kin care. The expanding use of relatives to care for abused children is discussed in Finding 10. However, even after factoring out the impact of relative care, studies indicate that overall stays in foster care do not comply with state reunification and permanent placement goals. One study of California foster care cases found that fewer than half of the children entering foster care would be reunified with parents or otherwise permanently placed within a year of entering foster care.[74]

And when children do not leave care, the caseload grows - aggravating efforts to provide the services that are key to moving children out of foster care. The Child Welfare Research Center at the University of California, Berkeley reports that in every year between 1991 and 1997 more children entered foster care than left foster care. As a result, California's foster care caseload ballooned by over 38,000 cases during that period.[75]

Accelerating the Process

The institutional response to this problem has been to create deadlines in an effort to force the various agencies involved to act quicker. Alarmed by a nationwide trend of longer foster stays, Congress in 1997 enacted the Adoption and Safe Families Act. The law requires efforts to find permanent placements to begin within 12 months of a child entering foster care and requires courts to terminate parental rights if the child has been in foster care for 15 of the past 22 months.[76]

California already had enacted stringent goals in 1996. The state limits reunification services to 12 months for children three years of age or older, and six months for children under three.[77]

Still, the key to permanent placement is either safely reunifying children with their families or terminating parental rights so children can be adopted - and both of those efforts require that effective and timely services reach parents.

With exceptions for special circumstances, the government must make "reasonable efforts" to help parents reunify with their children before parental rights can be terminated. Counties are required to develop a reunification plan - a roadmap for bringing the family back together. Parents must have access to the services and treatment required by the reunification plan. Judges say regardless of the federal or state time requirements they cannot terminate parental rights unless they are convinced that reasonable efforts were made to put the family back together.

The reason most often given for parents failing to receive services is a lack of resources. Counties complain that they do not have the funds to handle the avalanche of foster care cases and, when resources are available, they cannot find qualified social workers to reduce the caseload to a manageable level. Resources are surely an issue, but significant progress may be possible by better coordinating the resources that are available.

Counties such as San Diego are making encouraging progress to shorten foster care stays. Under the leadership of the presiding juvenile court judge, the county is ensuring that drug-addicted parents are offered treatment immediately after children are removed.

> *This program is going to make it possible for us to keep each and every one of these dependency cases on track and on time in accordance with statutory time frames. This will cause us to be able to provide either reunification or permanent placement of every kid within 18 months rather than the average of 34 months that existed in this court prior to the implementation of this program.*[78]

The court is also exploring other types of services and treatments needed to increase successful reunification rates within the time lines. This example is described in greater detail in Finding 9. But a key element is the close coordination between the judges charged with determining the fate of the child and the service providers whose timely efforts can help judges make a swift and sure decision.

Yolo County Dependency/ Family Court Unification

Judges often do not have the information they need to make the best decisions for abused children and troubled families. So says Judge Donna M. Petre from Yolo County. Frequently, the information the judge needs has been collected by another court but is not available. For example, a family law judge hearing a dissolution case usually does not know the developments in a delinquency case currently involving a child within that family.

Yolo County's co-Presiding Juvenile Court Judges, Donna M. Petre and Thomas E. Warriner, are taking a leadership role in sharing more information about children and families appearing in county courts. They have pushed for reform in the county courts to assign cases so that the same judge hears child custody, juvenile dependency and delinquency, domestic violence and guardianship cases. This unified court helps judges to stay informed about what is happening to the families and in some cases heads off problems before they become more serious. For example, when it becomes clear in the family law department that a single mother has a drug addiction, the court can steer the mother toward a guardianship placement for her children with a responsible relative while she enrolls in drug treatment to avoid traumatizing the children by an out-of-home foster placement.

Judge Petre sees the potential to expand communication beyond the courts. For example, Kentucky court judges are able to obtain the school records of children appearing in front of them from computers on their bench. This allows the courts to assess credibility of claims by parents that their children are in fact regularly attending school.

Critics of foster care argue any stay in foster care has a negative impact on a child and the longer the stay the more harm done the child. They advocate strict adherence to permanency planning and parental rights termination time requirements. Family advocates argue that rushing to reunify a family can cause the reunification to fail and terminating parental rights too quickly can preclude successful reunifications. However, there is

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agreement that better case management and expanded resources can result in more successful reunifications within the time frames.

Recommendation 8: The Undersecretary of Child Services should lead a partnership of social service and judicial agencies to reduce the time children are in temporary placement. To support that effort, the Governor and the Legislature should:

✓ ***Assess compliance with time requirements.*** The State should assess county compliance with time lines for terminating parental rights and conducting permanent placement planning. The State also should identify best practices to improve outcomes.

✓ ***Fund services.*** The State should target assistance to counties to ensure adequate resources are available to meet "reasonable effort" requirements within prescribed time frames.

✓ ***Require inter-jurisdictional case management.*** The State should require the development of effective case management tools to coordinate the services needed to help abused children, and reunify families or achieve alternative permanent placement.

Healing Alcohol and Drug Abuse

Finding 9: Alcohol and drug use is epidemic among abusive parents and too often shortages in treatment delay successful permanent placement of children.

The drug abuse epidemic has created new and daunting challenges for child welfare programs. Drug abuse appears to be resulting in younger children and more children being placed in foster care. And in many cases the complications of drug-addicted parents makes it hard to reunify families and may be responsible for children cycling back into foster care.

Nationwide, the percentage of children in foster care under 6 years of age grew from 12 percent to 23 percent between 1974 and 1994.[79] In California, 57 percent of children entering foster care in 1994 were under 6 years of age.[80] Some analysts have linked this trend to increased drug and alcohol abuse.[81]

It is estimated that 69,000 babies are born in California each year with some sort of alcohol or other drug exposure and that as many as 80 percent of these infants will come to the attention of child welfare services before their first birthday.

Testimony of Elaine Bush, Former Director, Department of Alcohol and Drug Programs

This drug abuse link has also been noted in New York and Illinois.[82] A family reunification study published in 1994 theorized that infants return home at a slower rate because parents are unable to participate in reunification efforts as a result of substance abuse problems. This study supports the theory that drug abuse contributes to more infants entering foster care and extending the time children stay in foster care. [83]

Child welfare advocates, judges, academics, and program administrators agree drug and alcohol abuse is a significant factor in a vast number of foster care cases. DSS estimates that up to 80 percent of the children in foster care have parents with substance abuse problems.[84] Other data indicate that 66 percent of child fatalities involve caretakers who abuse alcohol and other drugs.[85] The U.S. Government Accounting Office has estimated that in some jurisdictions two-thirds of the children in foster care were prenatally exposed to drugs.[86] The State's director of mental health said these trends have dramatically increased the problems of children – and the demands on the system that cares for them:

> *Foster care is quite different than it was previously. Originally, most children were placed in foster care because of parental death or illness. However, today the two most common pathways for children entering foster care are through problems from parental alcohol and drugs and abuse and neglect. Children in these families frequently suffer serious emotional and behavioral problems, poor attachment capacity, depression, anxiety, low self-esteem and diminished ability to concentrate as a result of erratic and abusive parenting.*[87]

The former director of the Department of Alcohol and Drug Programs testified that 69,000 babies are born in California each year with some sort of alcohol or drug exposure. As many as 80 percent of those children will come to the attention of child protective services before their first birthday. She argued passionately for better integration of treatment into family preservation, reunification, and foster care programs.[88]

Bridging the Gap

One reason for the lack of integration is that state substance abuse efforts are administered differently than foster care programs. Drug treatment is administered by the Department of Alcohol and Drug Programs and managed by counties. Counties designate an alcohol and drug administrator to broker local prevention and treatment services. The department's programs serve more than 500,000 clients annually. Services are provided by approximately 1,800 county agencies and private providers licensed and monitored by the State. The department also administers school-based prevention, youth mentoring, sober housing, and neighborhood recovery services.[89]

The department's programs serve all Californians, while targeting special populations, including pregnant and parenting women, and junior high and high school youth. The department is aware of the relationship between substance abuse and child maltreatment. It targets over $40 million in state and federal funding for perinatal programs, serving pregnant and parenting women.[90] According to the department, 20 percent of the women in perinatal substance abuse treatment were referred by child protective services, 59 percent had had an active child welfare case, and 21 percent of their children were in foster care.[91]

On a separate track, county child welfare agencies are charged with managing foster care cases, and in making "reasonable efforts" to reunite children with their parents. In most cases parental substance abuse complicates the successful and timely reunification of families or delays alternative permanent placements. Judges have a hard time deciding on the

She Lost Four Children

The following GAO foster care case study illustrates the complexity of cases involving substance abuse:

A woman lost four children to foster care as a result of neglect related to her cocaine abuse. The youngest child entered foster care shortly after his birth. By that time, the other three children had already been removed from her custody. The mother had a long history of cocaine abuse. At least two of her four children were prenatally exposed to cocaine. She also had been convicted of felony drug possession and prostitution, lacked a stable residence, and was unemployed. The father was never located.

Despite the mother's long history of drug use and related criminal activity, she completed a 1 year residential drug treatment program, participated in follow-up drug treatment support groups, and tested clean for over 6 months.

The youngest child was returned to the mother on a trial basis 18 months after entering foster care. The child welfare system retained jurisdiction for another year, during which family maintenance services were provided. Although the mother ultimately reunified with her youngest child, it took considerable time and social services to resolve the case.

permanent fate of the child without knowing whether the parents will get and stay sober. That difficult decision is compounded by the inability of parents to receive treatment – forcing the court to find that "reasonable efforts" have not been made to reunify the family and putting off a permanent decision.

The presiding judge of the juvenile court in San Diego testified that his court is implementing mandatory substance abuse treatment where drug or alcohol abuse are an issue in the dependency decision.[92] The judge has concluded that foster care damages children, but courts will not terminate parental rights unless parents have access to services to resolve the causes of the abuse. In his court, he enrolls parents in treatment and will rule them in contempt of court if they fail to meet their treatment obligations. When treatment does not resolve the issue, he feels parental rights should be terminated swiftly and the child moved into a permanent placement. But for the strategy to work, alcohol and drug services must be available and parental participation in treatment required.

The Commission also heard from a number of parents who had lost children to foster care because of their substance abuse. These parents dramatically explained the trauma experienced by their children, the need for treatment to break the cycle of pain, and for long-term support to maintain sobriety and productivity.

Testimony of Tina Rodriguez

Little Hoover Commission Public Hearing October 1998

I am a 30-year old mother of seven children. My parents were both alcoholics and addicts. When I was 14, I dropped out of school and ran away from an abusive home. At 16, I had my first child. I was totally unprepared to be a parent.

Between 1983 and 1990 I gave birth to seven children. However, by the time I entered substance abuse treatment I had custody of only one of my children. I was homeless and a victim of domestic violence and spiritually broken. My drug problem had caused me to lose custody of six of my children. Four of my children were in foster care and two were with relatives. I was lucky enough to find a drug program that allowed me to bring my daughter with me because otherwise I risked losing her.

Drug treatment helped me learn a new value system including the true meaning of responsibility. The treatment center taught me to see that responsibility starts with the realization that I am the cause and not the victim of what happens to me. The treatment center taught me parenting skills, how to address my drug problem, and helped me get a job.

I have been employed now for six years. I have remained clean and been given several promotions. Most importantly, I have regained custody of my children. I know that if I had not received treatment I would not have been able to reunite with my children.

To reunify families, social workers take on two case management tasks. The first is to ensure that abused children are provided for. The second is to steer parents to the help they need to overcome their problems. As caseloads grow, caseworkers put a higher priority on the needs of children. Consequently, they often lack the time to ensure that parents to get sober and ready for reunification, even though they are required by federal and state laws to make "reasonable efforts" to prepare parents for reunification.

And when they do have time to spend on parents, it is quickly consumed trying to work through the complexities of the State's disparate child welfare, Medi-Cal, and alcohol and drug abuse treatment programs. As a result, too often families are reunified before parents have kicked their addictions, the reunification fails, the children return to foster care and the cycle of pain is repeated.

Recommendation 9: The Undersecretary of Child Services should ensure alcohol and drug treatment programs are adequately funded and integrated into foster care programs. Specifically, the Undersecretary should:

- ✓ ***Make foster care families a priority for treatment.*** The State should earmark alcohol and drug program funding to provide intensive treatment services children and to parents of children who are vulnerable to abuse or are already in foster care.

- ✓ ***Track service delivery.*** Judges need timely and accurate information on whether "reasonable efforts" are being made to ensure parents receive drug treatment. Similarly, drug courts and dependency courts should be better coordinated to deal with overlapping cases.

- ✓ ***Fund case management for parents.*** Adequate funding should be provided so social workers can ensure that natural parents requiring drug treatment receive the necessary services. In particular, state officials should pursue federal funding to help counties satisfy the federal requirement to make reasonable efforts to reunify families.

- ✓ ***Expand public-private partnerships.*** Efforts should be made to promote community-based public and private partnerships to support substance abuse treatment and sustained sobriety before and after family reunification. Community-based organizations like Alcoholics Anonymous and childcare service providers should be enlisted to help parents maintain sobriety and to promote safe environments for children.

- ✓ ***Report on progress.*** The Undersecretary's annual report should assess the impacts of substance abuse on foster care and efforts to integrate substance abuse treatment into foster care programs.

Enabling Relative Foster Care

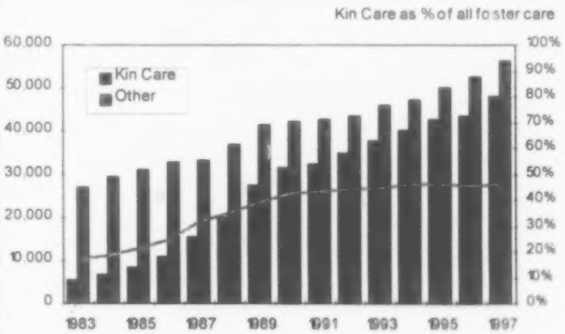
Finding 10: Relative foster care placements tend to be of longer duration than traditional foster family care and disproportionately contribute to increased foster care caseload growth.

Long before there were public programs for abused children, relatives were relied upon to care for these children. And for many years, child welfare programs have looked to relatives to care for children who could not be safely returned to their parents. But in recent years, child welfare programs have come to rely on relatives to meet the growing demand for foster care. This policy shift has given rise to a number of issues - some that policy-makers are beginning to resolve, and many that are not yet fully understood.

Child welfare officials look to relatives for a number of reasons. Placement with relatives respects ethnic and racial heritage, keeps children in touch with siblings and extended family, and encourages more family involvement in reunification efforts. There is evidence that children with health problems who are in kinship care have a higher family reunification rate than similar children in non-relative foster care.[93] Additionally, by subsidizing relative placements more children are kept within their families. In 1979, the U.S. Supreme Court ruled that when a child whose family is eligible for welfare is placed in foster care with a relative caregiver, the kin are eligible for federally funded foster care payments.[94]

Over the last decade, most of the growth in California's foster care system has been in relative placements. Both foster families and group homes, as a portion of total foster placements, remain unchanged. The only area other than relative placement that has seen any significant growth is the use of foster homes certified by foster family agencies. As the chart shows, kin care has grown from about 20 percent of foster care placements in the early 1980s to nearly 50 percent of foster care placements in 1997.

Kin Care Has Increased Dramatically



But the dynamics of kinship care are different than those of traditional foster families:

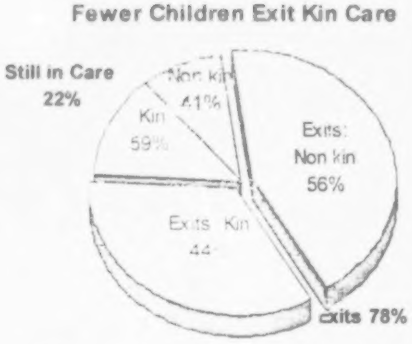
- ☐ ***Longer stays.*** Children in kinship care stay in foster care longer. As a result, the increased use of kinship care is partly responsible for the growing foster care caseload.

- ☐ ***Slower reunification.*** Children in relative care have a slower rate of family reunification than those in any other foster care setting.[95] This slower reunification rate is acute during the child's first few months in foster care. Over time the difference in reunification rates between relative and non-relative placements fades. A 1994 study examining outcomes after three years in foster care found that 50 percent of the children in non-relative placements had been reunified with their families, compared to 36 percent of children placed with relatives.[96] A more recent study found that after six years reunification rates equalized, with approximately 52 percent of children in each placement category having been reunited with their parents.[97]

- ☐ ***More successful reunifications.*** While relative placements may delay family reunification, those reunifications are more successful. As such, while kinship care may not result in quick reunification, it appears to provide a comparatively successful starting point toward the eventual return of children to their families.[98]

- ☐ ***Fewer adoptions.*** Additionally, children in relative placement show a dramatically lower adoption rate than children in foster families. Relatives generally are less interested in adopting children in their care.

Because reunification occurs more slowly for children in kinship care, these children frequently are in foster care longer than the State's one-year family reunification goal. Strict adherence to these legal time lines would lead social workers to find permanent homes outside the biological family for children who would later reunify with their parents.[99] Because kinship care takes longer to generate reunifications, a different approach might be necessary to ensuring stability and ultimately permanence for children. Additionally, in many cases relative care becomes a permanent or semi-permanent placement, rather than temporary foster care.


Fewer Children Exit Kin Care

4 year outcomes of children, kin vs. non-kin care. Data from Needell et al, 1997.

In the rush to expand kinship care and capture the benefits of helping children to remain connected to families some adverse consequences have emerged. The State needs to be aware of these impacts and recognize that kinship care is often a longer-term commitment.

Appropriate Assistance

Relatives do not receive the same kind of training, services, and financial assistance that foster care families receive. Some elderly grandparents are hard pressed to meet the physical demands of raising foster grandchildren. Grandparents complain that social workers put pressure on them to adopt relative children in order to move the cases out of foster care. For these reasons and more, relative placements need more assessment, services, and financial assistance than is currently provided.

The chart below compares the support provided to relative care-givers and traditional foster care providers.

Different Support and Payment Levels for Relative and Non-Relative Caretakers

	Non-Relative	Relative
Monthly Support Rate	⇧ Basic support rate starts at $375 per month	⇩ Approximately 26% receive a monthly CalWORKs support payment that averages $187.
	⇧ Support can go as high as $5,314 per month	⇧ The remaining children are eligible for foster family rates ranging from $375 per month to $528 per month.
Clothing and Special Needs Supplement	⇧ Basic foster family support rate per child may be supplemented for clothing and special needs.	⇩ No clothing or special needs supplement is available for children receiving the CalWORKS payment rate.
Training	⇧ Foster family parents are eligible for state subsidized training in sibling rivalry, reunification, foster care regulations, child development and growth.	⇩ Not available to unlicensed relative providers.
Special Needs: HIV & Substance Abuse	⇧ Foster family parents are eligible for special training and respite care needed to care for children who have medical problems related to substance or HIV exposure.	⇩ Not available to unlicensed relative providers.
Foster Family Home Insurance	⇧ State subsidizes the cost of accidental injury insurance for foster children in foster family homes.	⇩ Not available to unlicensed relative providers.
Kinship Support Services	⇔ Not targeted at non-relative care givers	⇧ Started in 1998, this program is operational in 8 of the 58 counties and provides local kinship support services.

A team of researchers at the University of California Berkeley, Center for Social Research studied relative placement issues extensively. In their book, The Tender Years, they found:[100]

> *Kinship care is the placement of choice for a higher proportion of children each year. Children who are placed with their relatives are less likely to be adopted than those placed with non-kin. Kinship placements also appear to be more stable than do other placements. For children in kinship care, federal eligibility for foster care funds is associated with longer stays in care and higher reentry rates.*

Based on those findings the group recommended:

> *Since the foster care system was not designed with kinship caregivers in mind, practice and policy need to evolve so they can adequately address the needs of kinship families. Kinship care is not the same as foster care, and policies and programs that are specifically designed to promote permanence in the extended family system are needed.... Developing alternatives for children to leave foster care to live with their kin caregivers without a reduction in monthly subsidies will ensure greater permanence for children outside the child welfare system.*

1997-98 Kin care Legislation

- ✓ Assembly Bill 1544 (Committee on Human Services) expanded the definition of relatives; directed courts to have parents identify maternal and paternal relatives; allowed relatives to be told why the child was in dependency; established minimum standards for emergency assessments for relative placements; created new procedures for "kin-adoptions."[1]
- ✓ Senate Bill 1901 (McPherson) authorized a subsidized guardianship for relatives and requires new guardianship assistance rates.
- ✓ Assembly Bill 1193 (Shelley) authorized the Kinship Support Services Program to promote post-permanency, community-based support for relative placements. Provides start-up grants. Only 14 of 58 counties are eligible.
- ✓ AB 2779 (Aroner), in conjunction with SB 190, requires DSS to develop a plan for a kinship care program that is separate and distinct from the existing foster care program.

Policies concerning financial support of relative caregivers also are evolving, and some issues are still unresolved. Relatives caring for children may receive monthly stipends. The amount of the payment is determined by the child's eligibility for either federally funded foster care or state funded CalWORKs payments. For children who are eligible for federal foster care funds, the payments start at $375 per month and go to $528 per month. This amount can be augmented with a clothing allowance and special assistance payments. Payments for children who are not eligible for federal foster care are set at a much lower CalWORKs rate. In 1999, the department reported 74 percent of the relative placements received the higher foster care subsidy, and the remaining 26 percent received a lower CalWORKs payment of $187 per month.[101]

From the perspective of meeting the needs of the child the difference in payment rates does not make sense. The State's interest is to ensure the child is properly cared for – regardless of whether the child is eligible for federal aid.

Kin-Gap and Kin Care Support

The Legislature in 1998 created the "Kinship Guardianship Assistance Payment Program" or Kin-Gap. Under Kin-Gap a relative caring for a child may continue to receive funding if they assume guardianship and the dependency is dismissed. The Kin-Gap subsidy of $459 per month is much higher than the CalWORKs grant. DSS estimates that 19,000 relative placement cases (7,800 of them cases that are now being paid at the CalWORKs rate) will opt into the Kin-Gap program.[102]

Recently, eight counties received grants for the start-up or expansion of Kinship Support Services Programs (KSSP). The KSSP programs will provide family support services to relative caregivers and dependent children, including Medi-Cal health and dental coverage, and help for children diagnosed with severe mental health problems.[103]

This legislation has dealt with some of the immediate concerns. But there are still questions – and little data – concerning the quality of care that children receive from relatives or how they fair in the long-run. For instance, without licensing or other regulatory requirements, how can the state and county agencies ensure that children are being cared for adequately.

Recommendation 10: The Governor and Legislature should enact legislation to support relative placements as long-term placements. The legislation should:

✓ ***Require examination of relative placements.*** The Undersecretary of Child Services should assess the use of relative foster care to develop a better understanding of how well those arrangements are meeting the needs of abused children and to determine the ability of relatives to satisfy the growing demand for foster care. The Undersecretary should recommend any policy changes needed to help relatives care for abused children placed with their families.

✓ ***Recognize relative placement as a unique status.*** The State should recognize the quasi-permanent nature of many kin foster families, provide for their unique service needs, and amend permanent planning requirements to reflect their status.

✓ ***Revise the support formula for relative foster families.*** The State pays a reduced level of support to relatives caring for children who come from families that are not eligible for federal welfare assistance. The rates should not be based on the financial status of the child's natural family, but on the needs of the child in their kin foster home.

Delivering Comprehensive Services

Finding 11: While children in foster care are eligible for services, they often do not receive the help necessary to treat their trauma or meet their developmental needs.

Foster care should provide a comprehensive safety net of care and services for abused children. There is an expectation that when these children become dependents of the State, they become eligible for the care and services they need to lead normal lives. While these children may be eligible for an array of services, the system for delivering services is so fragmented, anemic, and disorganized that it regularly fails to meet the needs of these children. This represents a failure by the State to fulfill its responsibility to these children and their families.

One veteran foster parent said it took her many years of working through the system to figure out how to obtain services for her children. She was bounced from representative to representative, program to program, agency to agency. Many state departments meld foster children into larger client populations rather than designing programs to address the unique needs of these children. As a result, programs serving foster care children are frequently hard to access, ill-suited to the needs of the children, and in many cases effectively unavailable.

Failure to provide services for abused children has serious impacts on the entire foster care system. A 1994 study found that children with health problems are approximately half as likely to be reunified with their parents as healthy children.[104] A follow-up study of children reentering foster care found that children with health problems had a higher family reunification failure rate than other children. The study found that over 26 percent of children with health problems returned to foster care within 3 years.[105]

Red Tape and Code Blue

In its report, *Code Blue*, The Institute for Research on Women and Families concluded:

- ☐ Nearly 50 percent of the 105,000 children in foster care have chronic medical conditions, such as asthma, cognitive abnormalities, visual and auditory problems, dental decay, or malnutrition.
- ☐ Foster children are not routinely assessed for medical, psychological, or developmental conditions.
- ☐ Only a small pool of health care providers are willing to service foster care children.
- ☐ Medi-Cal red tape and paperwork causes delays in obtaining treatment.
- ☐ Medical records for foster children are poorly maintained or non-existent, placing these children at risk for over-immunization or misdiagnosis.

U.S. General Accounting Office studies have found that over half the children in foster care have serious health problems.[106] However, *Code Blue*, a report by the Institute for Research on Women and Families issued in March 1998, said children in foster care do not receive basic health services.

The Institute argues that the system is particularly ill-suited for children placed in out-of-county foster homes. DSS data indicates that some 15 percent of the children in foster care group homes are out-of-county placements.[107] When other foster care placements are factored in, the *Code Blue* report estimates as many as 30 percent of children in foster care are in out-of-county placements.[108] The report noted that out-of-county placements exacerbate the problem of lost, inaccessible, or incomplete medical records for children resulting in misdiagnosis, mistreatment, and in some cases denial of treatment.

The *Code Blue* study group found that in counties with managed care Medi-Cal programs – particularly "county organized health systems" – health care was frequently delayed. Managed care links patients to providers. But the provider may not be in the county where the children are moved. Medi-Cal managers say children in foster care are covered by their program, but the *Code Blue* study group reported that particularly children in out-of-county care are being denied health care.

No Guarantees of Health Care for Foster Children?

The Department of Health Services is required to make foster children eligible for Medi-Cal, but the department is not required to ensure healthcare is actually delivered. The deputy director of medical care services testified:

> *The Department of Health Services has not recognized children in foster care or out-of-home care as a unique population. Similarly and perhaps more importantly, there is no discrete system of care for "at- risk" children who are not yet placed out of the home. Foster children have unique problems getting appropriate health care services. Although they are eligible for Medi-Cal health benefits, there is no delivery system designed to ensure the availability and coordination of services related to their unique needs.*

But in a letter to the Commission, healthcare advocates Brown, Burden, and Soman asked "Why not?"

> *The State is acting in loco parentis for children in foster care and yet it doesn't even know if services are available to meet the complex needs of these abused and neglected children.*

Additionally, even children who stay in their home county can be frequently moved among foster homes, making it difficult for them to see the same health provider. The *Code Blue* report notes that foster care children can experience delays of up to two months before receiving the Medi-Cal card providers require before extending health services.[109]

The deputy director of Medical Care Services for the state Department of Health Services (DHS) testified that Medi-Cal is responsible for most children in foster care:

> *California maintains one of the richest benefit packages in the nation and we (DHS) are confident that current law provides coverage and allows reimbursement of all necessary health services for eligible children in the State of California.*

But eligibility does not guarantee that children will receive care. While a treatment may be eligible under Medi-Cal, the reimbursement rates may be too low for providers to offer the service. Further, the deputy director said that when it comes to Medi-Cal fee-for-service providers, "the State provides no oversight as to the availability of services in communities or the quality of those services."[110]

The Department of Health Services has indicated it will try to address some of the issues raised in the *Code Blue* report. It plans to facilitate payments to healthcare providers for services to children outside of County Organized Health Systems. But the department acknowledges the plan will only work when health providers are willing to bill for services through the County Organized Health System. More importantly, the department does not believe it can guarantee access to quality health care for children enrolled in the Medi-Cal fee-for-service system since the department "cannot at this time require fee-for-service providers to treat or evaluate children in foster care."[111] Still, *Code Blue* identified numerous improvements that could be made that would lower barriers to care short of the State demanding that providers offer services.

The needs of children in foster care conflict with the department's push toward managed care. Approximately half of all Medi-Cal beneficiaries are now enrolled in managed care. But federal rules, recognizing the

L.A. Educational Effort

United Friends of the Children is a non-profit agency responding to the needs of foster children. The Los Angeles area citizen's group is taking aim at the educational handicaps of these children.

Focusing on inner-city schools where one in five children can be in foster care, United Friends has forged a five-part strategy:

1. Encourage foster children and foster family stability.
2. Provide an on campus after-school program staffed with professional teachers and tutors emphasizing reading and computer skills.
3. Expand opportunities for cultural enrichment through field trips and educational activities.
4. Promote a sense of community for foster children by providing opportunities for socializing in a non-stigmatizing setting.
5. Provide computers to foster families to assure integrated access to information technology in the home as well as in the schools.

Initial efforts are focused at the McKinley Elementary School in South Central Los Angeles, which has a student population that is approximately 70 percent Hispanic and 30 percent African American. More than 200 students are foster children.

United Friends is in the initial stages of establishing an after-school learning resource center in partnership with the McKinley School and foster families. Foster families agree to attend orientation workshops on the program and its objectives. Families commit to keeping their foster children in the program until at least the end of the school year. The children and families attend at least two computer technology training workshops per month and at least one cultural field trip a year. Each family also commits to reading with the foster child for a minimum of two hours per week.

United Friends hopes through these efforts to brighten outcomes for foster children in Los Angeles.

circumstances of children in foster care, exempt them from automatic enrollment in managed-care programs.

California has obtained a federal waiver to allow automatic enrollment of foster children in County Organized Health Systems. Foster care children need quality health care. The department states it cannot require fee-for-service providers to treat or evaluate children in foster care. Further, when children are placed outside a County Organized Health System county, the department cannot guarantee these foster care children will have access to healthcare if providers are unwilling to accept reimbursement from the managed care system.

Representatives from the *Code Blue* study group believe the department's efforts are not sufficient and foster care children continue to suffer. It does no good to provide Medi-Cal eligibility if the payment system is so unsatisfactory that providers are unwilling to serve these children. It also raises serious questions about accountability when the department charged with administering Medi-Cal cannot ensure that quality healthcare will be provided to foster care children under its payment system.

One County's Barriers to Services

The Commission asked Santa Clara County to provide examples of barriers the county has encountered in its attempts to integrate foster care services. In some cases, these same problems frustrate efforts to resolve problems before a child is placed in foster care or after a family has been reunified. The following four examples illustrate the difficulties Santa Clara County faces due to program-based obstacles.[112]

1. ***"Wrap-around" omits health care***. "Wrap-around" comprehensive services support families with the goal of keeping the child in the home. Frequently medical coverage is key to this objective. However, foster care eligibility for Medi-Cal is linked to out-of-home placement. The result is that the "wrap-around" objective is frustrated unless some other form of Medi-Cal eligibility is extended to the child.

2. ***Educational plans and services fall through the cracks***. State law and the Department of Education require individual education plans (IEP) be developed and educational services extended to children in foster care. However, social workers cannot require these plans and services – parents or guardians must request them – and education officials are not required to advise social service agencies or dependency courts that an IEP has been prepared and services provided. This makes it more difficult for social service agencies to ensure children receive educational support.

3. ***Disability assistance opportunities are missed***. The Department of Developmental Services' (DDS) regional centers provide services and assistance to families with developmentally disabled children. However, foster care providers must apply for services, and these

providers – particularly in relative-care – are frequently unaware of the services and benefits available. And social workers cannot ensure that these services are provided, as DDS regional centers do not report back to them. Furthermore, there are often disagreements between county child welfare offices and the regional DDS centers over who is responsible for arranging and paying for services to children.

4. ***Substance abuse treatment delays prolong foster care***. Alcohol and drug treatment is vital to expediting the permanent placement of abused children. Up to 80 percent of the foster care cases have substance abuse at their root. Courts require county social workers to arrange for substance abuse treatment. However, social workers are unable to make parents and foster care children a treatment priority, and frequently cannot arrange such treatment within the required reunification time frame. This delays successful permanent placement. Furthermore, much of the treatment available is not designed for parents. For example, children frequently must be placed in out-of-home care due to the unavailability of residential substance abuse treatment programs designed to accommodate families.

Services and Out-of-County Placements

Providing services, including medical care, is more complicated in cases where children are placed in foster homes outside of their county. In April 1996, pursuant to SB 1573 (Thompson), DSS reported that the majority of children placed in other counties were placed with relatives and that overall approximately half the children were placed in a county without a contiguous boundary to the child's home county. The average length of stay in out-of-county foster care was over 15 months.[113]

Children are placed in different counties for a variety of reasons. In some cases, relatives live closer to the out-of-county placement, making it easier for them to visit, helping reunification efforts. In some cases children have special needs best met by a facility in another county. Many out-of-county placements are the result of foster care shortages. Regardless of why they occur, out-of-county placements put distance between children and the officials responsible for them, contributing to the chances these children will not receive the highest quality of care.

SB 933 (Thompson) enacted major reforms regarding out-of-county placements in group homes. According to a report required under the law, statewide more than 15 percent of the children in group homes are in out-of-county placements.[114] SB 933 also requires at least monthly visits by county welfare department staff of all children in group homes.[115]

In health and other areas, many state benefits are not reaching eligible children because of difficulties in service delivery. While some of this should be addressed by better program coordination and leadership through the creation of an Undersecretary of Child Services at the Health and Human Services Agency, additional action is needed in specific service delivery areas.

As discussed in Finding 2, the Department of Mental Health has pursued a statewide "system of care" for children with several mental conditions, including those in foster homes. Under a system of care, a multi-disciplinary team of psychologists, doctors, social workers, educators and other specialists address the needs of individual children. The model was piloted in Ventura County and slowly expanded into 41 other counties that collectively account for about 90 percent of California's children.

Child-Centered Goals in Integrated Services

Foster care institutions address the academic and personal needs of foster youths in their care. Typically, residential care and educational services are administered through wholly separate agencies, adding confusion to the already unstable lives of foster youth.

In 1990, the Edwin Gould Academy embarked upon a radical strategy. It created a unified management team, with one person in the dual role of school superintendent and residential facility director. Academy staff are now structured in teams around groups of students, and decisions are made through a collaborative decision-making process that involves all staff – from maintenance personnel to the director. The result is a cohesive, cost-effective program that addresses the holistic needs of foster youth with complete coordination of all service providers – teachers, psychologists, social workers, child care workers, healthcare providers, and school and residential administrators.

Prior to implementing the unified structure, children were given mixed messages. For example, helping another student with homework was punished at school (not completing assignments on your own) and rewarded in the residential realm (helping a fellow student overcome a difficult assignment). The unified strategy has increased student performance, decreased problems that traditionally plague foster children and foster care facilities, and reduced administrative costs. In 1998, the Kennedy School of Government at Harvard recognized the Academy's achievement by awarding it an Innovations in American Government Program Award.

While the multi-disciplinary approach is an attractive way to integrate services for virtually all children in foster care, it has been reserved for those with severe mental conditions in counties that have obtained funding. State officials said the system of care model could be expanded by tapping federal funds from a program known as Title XIX Early Periodic Screening Diagnosis and Treatment. To use this money, the state departments of Social Services, Mental Health and Health Services would have to receive the approval of the federal Health Care Financing Administration.

The assistant secretary responsible for coordinating children's services within the Health and Human Services Agency acknowledged gaps between health care, mental health, and alcohol and drug treatment services. He also recognized that frequently these services are critical to the emergence of children from foster care as productive citizens.

When asked what administrative mechanisms were needed to coordinate services, the assistant secretary said more discussion and planning were needed before he could answer the question.

But he did say, "we must first achieve good coordination among agencies at the State level before we can expect it at the local level." And he added, "certainly it is appropriate and necessary for the Health and Welfare Agency to play a leadership role in establishing the priority of this effort and in facilitating discussion among its constituent departments."[116]

Recommendation 11: The Governor and Legislature should direct the Undersecretary of Child Services to monitor, assess, and where necessary revise programs to ensure that dependent children receive needed services. The legislation should require:

- ✓ ***Expanded mental health services.*** The Undersecretary of Child Services should complete the expansion of the mental health "system of care" statewide.

- ✓ ***A plan for service delivery.*** While county officials prepare individual needs assessments for children, those plans should detail how the needs will be met and who will be responsible for ensuring the services are provided.

- ✓ ***Evaluation of service delivery.*** The Undersecretary should evaluate mental health, health, dental, and vision care services for foster care children; measure the extent foster care children are being denied these services; and, identify obstacles to high quality services. The assessment should include the impacts of out-of-county placements and managed health care on the delivery of services.

- ✓ ***Corrective action plans.*** Departments should be directed to develop plans to correct deficiencies in mental health, health, dental and vision care service delivery to foster care children, identify costs and benefits. They should seek legislative and state budget approval for authority to implement plans to provide a comprehensive system of care for children in foster care.

Improved Long-Term Outcomes

Findings and Recommendations on:

- ✓ *Reengineering the Adoption Process*
- ✓ *Supporting Permanent Placement*
- ✓ *Assisting Independence*

Reengineering the Adoption Process

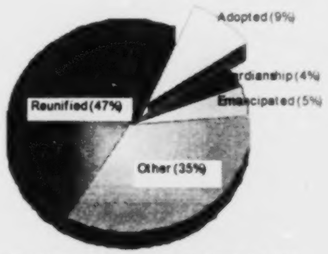
Finding 12: The adoption process is unnecessarily tedious and cumbersome, frustrating the goal of increasing the number of successful foster care adoptions, particularly for older children.

As policy-makers have become concerned about children languishing in foster care, greater attention has been given to finding these children new families. While many people are interested in adopting children, adopting children out of the foster care system comes with complications that have been difficult to resolve.

California has 105,0 00 children in foster care. As the chart shows, in 1997, 26,000 children left the system. Of those, less than 9 percent were adopted.

California's adoption rate for children in foster care was 2 percent lower than the national average, according to the National Adoption and Foster Care Analysis and Reporting System (AFCARS).[117] California also has less success placing older children in adoptive families. The mean age of children adopted between April and September 1997 was 4.69 years. Among all states reporting to AFCARS for that period, the mean age at adoption was 7.09 years of age.

Few Foster Children Are Adopted



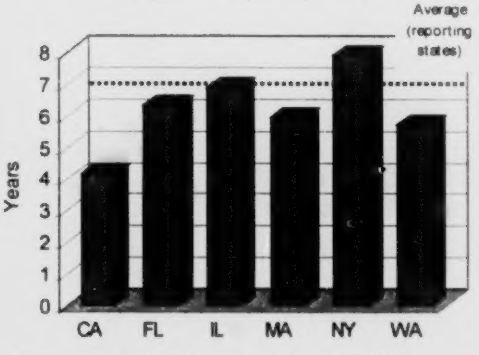
Source: Child Welfare Research Center, UC Berkeley, 1997

Children with court-ordered adoption plans often languish unnecessarily in foster care. Children may wait anywhere from six months to six years after parents' rights are terminated before there is a final adoption order. In contrast, adoptions made through private adoption agencies are completed within six months of the child arriving at an adoptive family home.[118]

The State has intensified its efforts to promote adoption. In 1998, 5,006 children in foster care were adopted statewide. This reflects a 53 percent increase over the number of children adopted in 1996. DSS attributes this increase to expanded state adoption initiatives.[119] Families adopting children with special needs are now offered ongoing financial support. Adopting families with limited finances can have adoption fees waived, and are eligible for ongoing financial assistance. The state has given counties funds for hiring more staff to work adoption cases. Nevertheless, a small portion of foster children is expected to be adopted.

Median Age of Public Agency Children Adopted, Selected States

April 1 - Sept. 30, 1997



Source: U.S. Dept. of Health & Human Services, AFCARS data

The State is establishing new policies to increase foster child adoptions. AB 1544 (Chapter 793, Statutes of 1997), prescribed new rules for kinship adoptions.[120] AB 2773 (Chapter 1056, Statutes of 1998) expedited implementation of the federal Adoptions and Safe Families Act of 1997. The federal act clarifies requirements for permanency hearings within 12 months of children entering foster care and expedites adoption requirements.[121] These are important improvements, but adoption experts say more needs to be done if more parents are going to look to the foster care system for children, rather than the foreign adoption market.

More Reforms Needed

In testimony to the Commission, a private adoption attorney argued that many of the incentives to encourage foster child adoption are not effective.[122] He suggested that if the State of California wants to encourage adoption of children in foster care, policy-makers need to make several improvements. Among them:

- ☐ Shorten the time needed to terminate parental rights for children in foster care.
- ☐ Minimize the number of times children change placements while in foster care.
- ☐ Strengthen the security of adoptive families from unwanted intrusions by biological parents after adoption has occurred.
- ☐ Invest more in marketing foster children to the families interested in adopting.
- ☐ Reengineer the foster child adoption process to make it a more positive experience for adoptive families.

The president of the California Association of Adoption Agencies agreed that the experience of adoptive families needs to be improved:

> *While word of mouth has generally been recognized as one the most effective recruitment strategies (for adoption families), this effectiveness has been reduced to some extent by stories of unresponsive agencies, failure to provide adequate services to help the family meet the child's needs, and capricious local policies that threaten to, or actually do, cut off adoption assistance benefits to those with continuing need.*[123]

Similarly, a spokesperson for the California Welfare Directors' Association said recruitment efforts for foster and adoptive parents need to be increased:

> *Very little is invested by the Administration and the Legislature in the recruitment of foster, adoptive, or concurrent planning homes. A fundamental strategy over the*

> *next few years must be the investment of funds in researching effective recruitment strategies and subsequently funding the implementation of those strategies. Further funding for training and retention of foster, adoptive, and concurrent-planning homes is crucial. Without these strategies, we will find that we are taking more children into care, freeing them for adoption, and having no permanent homes to place them in despite our best intentions on the child welfare side of the equation.*[124]

Uniform access to adoption assistance is another concern. The president of the California Association of Adoption Agencies noted that assistance levels are tailored to each adoption case.[125] Because counties compute assistance differently there may be significant variances in assistance levels among adoption families with similar incomes and children with similar needs.

Finally, not enough is being done to prevent adoption failures and children are returning to foster care as a result. Nationwide it is estimated that between 10 and 14 percent of all adoptions end in failure and that those percentages hold for the adoption of foster care children as well.[126] State and national adoption experts agree that post-adoption support can prevent adoptions from failing. According to the California Association of Adoption Agencies:

> *The key element to prevent the disruption of adoptions, and any permanent placement, is to ensure that informed and capable services exist to respond to adoptive family needs later in the life of the adoption.*[127]

These sentiments were echoed by a spokesperson for the North American Council on Adoptable Children: "Adoptive parents are picking up the pieces from damage that was done in a previous life, and most states are struggling with providing post-adoptive services."[128]

Adoption assistance is determined at the time of the adoption. However, as time passes additional needs may emerge. Parents can request additional funding, but if the county does not agree to the change the adoptive parents can be faced with unanticipated expenses.

Little Aid For Parents

In a few extreme cases, parents in Sacramento and elsewhere in California who felt they no longer could keep adopted children for fear of endangering other family members have been charged for out-of-home care.

One local woman adopted adorable toddler twins, then discovered much later that they had been sexually abused as infants. Both boys became sexual predators. But when their mother, a teacher, asked Sacramento County for help, she was denied.

When, in desperation, she sent one teenage son to a group home for sexual offenders, the District Attorney's Office sued her for child support to pay for treatment. They attached $434 per month from her wages between late 1996 and early 1998 and confiscated the family's income tax refund. The other boy also was sent to a group home, but by probation officers after being found guilty of a sex crime, so Sacramento County paid for his treatment.

Eventually, the woman was reimbursed after the county acknowledged it should have paid for her son's care.

"Little Aid For Adoptive Parents Of Troubled Kids," *Sacramento Bee, May 9, 1999*

While considerable improvements have been made to the adoption process more work remains to be done, particularly in the area of recruitment, counseling and support for adoptive families. As with other parts of the system, the State needs to play a role in identifying and replicating successful strategies for increasing adoptions and ensuring those families can complete the healing process.

Recommendation 12: The Governor and Legislature should expedite adoptions of foster children. The legislation should require.

✓ ***An analysis of reunification failures.*** The Undersecretary of Child Services should study the characteristics of foster care cases where reunification efforts fail and recommend legislation to expedite termination of parental rights in these cases and free children for adoption or other permanent placement.

✓ ***Expanded adoption outreach efforts.*** The Undersecretary of Child Services should recommend to the Legislature and the Governor ways to expand outreach efforts to adoptive parents and further streamline the adoption process for children in foster care.

✓ ***Improved post-adoption support.*** The Undersecretary of Child Services should be directed to study and recommend to the Legislature and the Governor ways to improve post-adoption support for children and reduce the reentry of adopted children into the foster care system.

Supporting Permanent Placement

Finding 13: Programs to support reunified families or support successful permanent placements are insufficient. Too frequently permanent placements fail because support services are terminated when children leave foster care.

The Department of Social Services reports that between 6,000 and 8,000 children return to foster care each year.[129] Moreover, an increasing number of children are reentering foster care after they have been reunified with their family or placed in an alternative permanent placement. This fact is an indicator that children are not being well served by foster care. And the number of returning children is an underlying reason for steady growth in the foster care caseload.

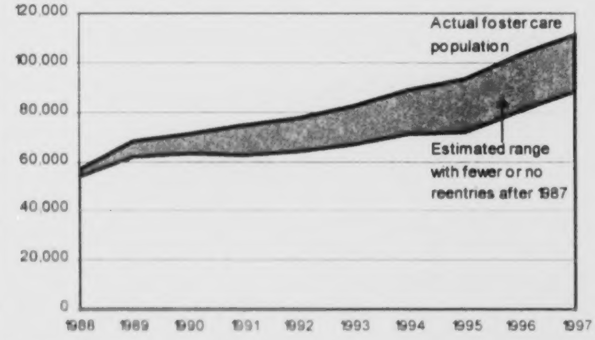
This trend also is related to efforts to prevent child abuse and intervene in troubled families. Because resources are focused on foster care, less effort is placed on reducing the demand for foster care – whether those children are entering the system for the first time, or have been failed by their parents and the system, and are reentering foster care.

One study found that the proportion of California children who reentered foster care increased from 18 percent in 1990 to 22 percent in 1993.[130] This represented a 22 percent increase over a three-year period. The most recent data indicates that almost one out of four children leaving foster care returns within three years.[131]

The foster care caseload grew by over 38,000 children between 1991 and 1997. During the same period, more than 50,000 children recycled back into foster care.

In order to show the consequences of this trend, the chart at the left displays the actual foster care caseload over time, and what that caseload might have looked like if none of those children reentered foster care. Instead of the caseload almost doubling between 1988 and 1997, it would have increased only gradually.[132] While it might be impossible to prevent all children from reentering the system, there is evidence that the number of returning children could be reduced – in a way that benefits the children and the system.

Reducing Reentries Would Decrease Foster Care



See Appendix D for data and methodology

About half of the children leave foster care by being reunited with their family. For the most part, when children return home, they are no longer eligible for services they received when they were in foster care, including the counseling intended to heal the wounds of abuse and abate the behavioral problems those wounds can induce. Similarly, parents also can lose eligibility for services they need to help them with the problems underlying their abusiveness.

Reasons for Failure

A 1995 study of California children found a number of factors associated with reunification failures: [133]

- ☐ Children with health problems had a higher rate of reunification failure. Over 26 percent of such children returned to foster care within 3 years.
- ☐ Welfare eligibility status is the greatest predictor of failed reunification. Coming from a family eligible for welfare increased the probability that a family reunification would fail by a factor of 1.7 over a family that was not eligible for welfare.
- ☐ The higher the number of temporary placements in foster care the higher the probability family reunification would fail.
- ☐ The duration of a child's stay in foster care also impacts the success of a reunification. The data indicated that rushing to reunify a family had a negative effect on reunifications. However, the data also

Family Conference Model

In 1996, Santa Clara County piloted a family conference program, which links an interdisciplinary team of social services workers with children and their families to create a plan for safety, permanence and well-being.

The conference involves extended family members and child welfare personnel with responsibility for the child – such as court staff, health, education, mental health, foster care provider and social worker. A neutral party frequently facilitates the meeting. The meeting has three major sections:

1. **Fact-finding:** Participants share information and describe what they expect from the conference. The focus is on resources that can be used to promote a successful permanent home for the child in a family-based environment.
2. **Plan Development by Family & Child:** While the family is encouraged to formulate the plan, it must comply with legal and other requirements and be acceptable to the county social services agency responsible for the child.
3. **Plan Buy Off:** The plan is presented by the family to the social service professionals, who may suggest modifications. They also comment on the feasibility of the plan and assess the resources needed to carry it out. The plan is then submitted to the court for approval.

Generally several conferences are held to over time to assess progress toward a permanent placement or emancipation. Done successfully, the family conferencing unites the efforts of social service agencies and strengthens family ties to the child.

indicated that staying in foster care for longer periods did not contribute to higher success rates. The probability a reunification will fail began to increase when children were in foster care for more than 24 months before reunification.

☐ Comparing different types of foster placements, the study found that relative foster placements had the highest family reunification success rate.

The study also found that the failure rate for foster care infants was high – 23 percent over the three-year study period.[134] According to statistics developed by the University of California, Berkeley, Child Welfare Research Center, the success rate for reunification of infants and toddlers is even worse. The Berkeley study found that 19 percent of young children who were placed with kin and 28 percent of those who had been placed with non-kin reentered foster care within three years of returning home.[135]

Because most services are terminated at reunification, some children stay in foster care longer than necessary in order to retain eligibility for services. While they benefit from the assistance, they would be better off outside the foster care system in a stable permanent placement if key services could be retained.

Previous findings link high quality foster care with long-term successes. In addition, there is evidence that continuing to provide services to parents and children after they are reunified can prevent renewed abuse and reentry into foster care – particularly alcohol and drug treatment, parenting counseling, and mental health assistance.

The 1995 study of reunification failure suggested that support services to families and children in transition back into families should be intensified during the first several months after children are discharged from foster care. The greatest need, according to the study, was for health, mental health, and disability services for reunified families, because the health of the child has such a significant impact on the success of the reunification.[136]

The State has taken some action to help targeted families after children leave foster care – including the adoption assistance and kin guardianship assistance described earlier. The State also has initiated a number of pilot projects to strengthen families and promote successful family reunification.

As with prevention, there is some evidence that public resources could be best spent by targeting those families expected to struggle the most with reunification. One potential path is to extend the intensive "wrap-around" model used to integrate services for children with complex problems. SB 163 (Chapter 795, Statues of 1997) allows any county to develop a collaborative community-based services strategy to provide children with services as an alternative to group home care. Similarly, the Family Unity/Family Conferencing project is a family-centered model for focusing available resources on troubled families. DSS provides training curriculum and funds training for counties interested in using the Family Unity/ Family Conferencing model.

But even with these initiatives, the high number of children reentering foster care is strong evidence that the State is not doing enough to support children after they leave foster care and return to their families. If the State wants to ensure better outcomes for children and reduce the number of children returning to foster care placement, it needs to expand support to reunifying families.

Recommendation 13: The Undersecretary should develop a strategy for improving the success rate of permanent placements. The strategy should include:

- ✓ ***Development of service standards.*** The Undersecretary of Child Services should study strategies for successfully reunifying families and supporting adoptions, and develop protocols and service standards to reduce reentry into foster care.

- ✓ ***Recommendations for improvement.*** Based on the application of these protocols, the Undersecretary of Child Services should recommend to policy-makers additional steps the State should take to support reunified and adoptive families. The measures should be as customized as possible and cost-effectively reduce the future public costs associated with the persistent problems of children who were in foster care.

Assisting Independence

Finding 14: The State puts its investment and foster youth at risk by failing to help children "aging out" of the child welfare system to successfully transition to self-sufficiency.

Some developmental theorists argue that society in the United States has significantly changed, in part because of extended life spans. One consequence is that young adults are not as well prepared to enter the workforce, start families, and assume full adult responsibilities until later in life compared to prior generations. As a result, youth stay in the family home longer, put off careers in favor of education, and generally assume self-sufficiency more slowly.

Eligibility for foster care terminates at age 18, but can be extended to age 19 to allow a foster youth to graduate from high school. The former deputy director of the Department of Social Services, Children and Family Services Division, noted that few children are mature enough at age 18 to successfully take care of themselves.[137]

Harsh Realities For Foster Youth

Michelle entered the foster care system at age 13, after being physically abused by her mother and stepfather over several years. While in foster care she was placed 14 times and ran away 50 times.

According to Michelle, "being in the system was almost worse than being at home." At home she was beaten. In foster care, she was lost. She lived with more than 300 people, but did not trust any of them. So she got high. Tattoos decorate her body: a bat on her chest, a band around her arm, the goddess of compassion on her shoulder.

For years she dreamed about turning 18 and starting her "real life." But as her birthday neared, she grew more and more scared of leaving foster care. When her 18th birthday - emancipation day – arrived she moved in with her grandmother and started working as a stripper for a private escort-stripping service. She started doing drugs and feeling alone. "I was scared of the reality of my life."

Michelle decided she couldn't live like that. She moved in with her boyfriend and worked as a waitress in a restaurant and later as a bank teller. Michelle now holds a full-time job at a marketing research company.

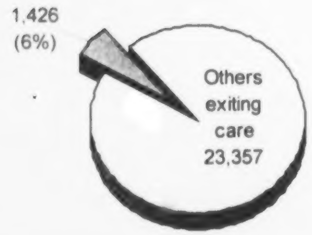
"On Their Own," *Los Angeles Times*, Mar. 21, 1999

At a legislative hearing conducted by the Assembly Human Services Committee in 1998, several foster youth provided testimony underscoring the shortfalls of present public policy in regard to children aging out or emancipating from foster care:

- ☐ Foster care eligibility can be terminated at age 18 even when the youth is diligently pursuing high school course work, but is delayed in graduating because frequent changes in foster placement prevented advancement in prior grades.
- ☐ Current independent living programs offered to foster youth are inadequate to prepare them to be self-sufficient.
- ☐ Foster youth lack the financial and emotional support provided by families to children pursuing higher education and frequently need assistance to be successful in academic environments.

- ☐ Because of the trauma resulting from abuse and from exposure to often-prolonged foster placement, foster youth need specialized transitional support in regard to housing, health care, and education after they leave foster care.

A Small Number of Children Emancipate or Age Out of Foster Care



Source: Foster Care Information System, Dept. of Social Services

DSS reports that all counties now offer some type of independent living or transitional services to foster youth. The extent and effectiveness of these programs varies considerably. Generally, it is conceded that the programs adequately serve only a small portion of the foster youth who age-out of the system or emancipate from foster care.

Aside from foster youth testimony at public hearings, case studies offered by social service agencies, and a few academic investigations, little is known about outcomes for foster youth. In any given year between 1,000 and 2,000 children age out of the system – a small portion of the 105,000 children in foster care.

DSS, in conjunction with the University of California, Los Angeles, has initiated a three year study to track foster youth after they leave foster care to better assess their outcomes.

A similar study of foster youth recently conducted in Wisconsin made a number of alarming discoveries. The study incorporated interviews and assessments of youth before they left foster care and 12 to 18 months later. While 76 percent of the youth indicated they had received independent living training and felt generally prepared to take care of themselves, their experience later demonstrated otherwise. Approximately one-third of the youth reported that they had financial trouble most or all of the time after leaving foster care. [138]

> **"Eleven percent of the females reported having been sexually assaulted"** ***within the 12 to 18 month period after leaving foster care.***

The Wisconsin study noted that obtaining needed health services was a significant problem – particularly mental health services. Before leaving foster care approximately half the youth had received some mental health services in the prior year. After leaving foster care there was a remarkable drop in access to mental health services – only 21 percent accessed mental health services after leaving foster care. The researchers administered standardized mental health needs assessments before and after the youth left foster care. The scores indicated a 10 percent higher need for mental health services than in the general population. The study concluded, "although the receipt of mental health services decreased dramatically, there is no evidence that the need for service decreased."

Even more alarming, the study noted a large number of the youth experienced situations seriously dangerous to their well-being. For example, 25 percent of the males and 15 percent of the females reported having been the victim of physical crimes: beaten, choked, attacked with a weapon, or "tied up, held down, or blindfolded" against their will. Approximately 11 percent of the females reported having been sexually assaulted within the 12 to 18 month period after they left foster care.

A Lifetime of Foster Care and Abandonment

Adam was born to young parents in 1980. He was exposed prenatally to drugs and alcohol. His first CPS report was made shortly after this birth. Adam's mother abandoned him to his father's care before he was a year old. Adam's father promptly abandoned him to foster care. Adam was placed with his grandparents after a short stint in an emergency residential care facility.

About a year later, Adam was reunified with his father, who had moved in with a woman who would become Adam's stepmother. However, Adam was soon back in foster care, the victim of abuse and neglect from both his father and his stepmother. Again, Adam's father sought reunification with Adam and again he was placed with is father and stepmother. When Adam was 4 years-old, Adam's father, who was in the military, was transferred overseas. Adam's stepmother abandoned Adam. At the time of his third entry back into foster care, Adam showed indications of being physically and sexually abused.

At the age of 5, Adam had been in a total of seven foster home placements. He was placed with a foster couple who attempted to give him some semblance of a home. By now, Adam was showing significant signs of trauma. He had problems containing his anger, ran away from home, and had problems at school. In 1988, he was enrolled in a day treatment program. In 1992, he was placed in a residential setting after becoming unmanageable by his foster family. He stayed in the residential treatment center for a year before again being placed with a foster family. By the time Adam was 14, he was so out of control that he was hospitalized in a state mental hospital for aggression.

Adam lived at the mental hospital for almost three years. During that period he committed multiple assaults. He was placed on anti-psychotic and anti-depressant medication and after a while seemed to settle down and had some success, even attending a public school part-time. He was transferred to a group home, but quickly digressed, demonstrating extremely aggressive behavior. After four months of assaults, runaways, and property destruction he was sent back to the state mental hospital.

At age seventeen, Adam was transferred to a highly restrictive residential treatment center. He responded well to the structure and low staff-to-client ratio at the facility. And while he ran away for a short period, he did not demonstrate the assaultive behavior, which he had in the past. Ultimately, Adam was able to complete his high school education, no small feat considering his multiple placements and internment in the state mental hospital.

At age eighteen, Adam moved into an adult transition home after extensive treatment planning. However, after a brief stay in the transition home Adam struck out on his own. The details of Adam's life after leaving foster care are somewhat vague. He tried to track down his father but was not able to reunify with his family. He enlisted in the Army but was discharge when they learned of his mental health problems. And while he has made contact with his former caregivers intermittently, they have little information about his health, well-being, or self-sufficiency.

Source: Ken Berrick, President, California Association of Children's Homes.

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Lastly, the study found a high degree of post-foster care criminal activity. More than a quarter of the males (27 percent) and 10 percent of the females were incarcerated at least once in the 12 to 18 month period after leaving foster care. Overall, almost one out of five of the youth studied had been incarcerated since they had left foster care. The study concluded: "Policy-makers interested in crime prevention would he hard pressed to find a group at higher risk of incarceration than the males in our sample." [139]

The Legislature and the Governor have acted to address the need to support youth leaving foster care. For example, recent enactment of Senate Bill 933 (Chapter 311, Statues of 1998) substantially increased funding for counties for Independent Living services for youth 16 to 21 years of age. Unlike many other child welfare services, this funding does not require a county match.[140]

Fostering PRIDE

Pride Industries is a private non-profit corporation recognized nationally as a leader in providing quality vocational training and employment opportunities for people with special needs.

PRIDE was founded in Auburn in 1966, by parents of children with developmental disabilities who wanted their children to receive vocational training and life enhancement skills.

Today, working with government and charitable organizations, PRIDE Industries recruits and supports CalWORKs recipients transitioning to self sufficiency and has expanded programs for people with disabilities. PRIDE's formula for success is to offer each individual an opportunity to learn and grow through work opportunities.

PRIDE assists over 1,300 individuals through a comprehensive program which begins with recruitment, employment assessment, and assignment, incorporates continuous mentoring and support through a continuum of employment and training environments aimed a building self sufficiency, and leads to maximizing individual development and independence based on ability and achievement. Some 300 businesses use PRIDE as a source for workers and as the mechanism to ensure workers maximize their employment and developmental success.

PRIDE already serves the foster care community through its programs for individuals with disabilities and CalWORKs beneficiaries. In 1998, PRIDE initiated discussions with DSS to expand its operations to include older foster youth with the objective of providing independent living services targeted at helping these youth transition from foster care to emancipation.

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Recommendation 14: The Governor and Legislature should enact legislation to assist youth in the transition from foster care to independent living. Components should include:

- ✓ ***Expanded transitional services.*** More transitional support is needed for youth aging out of foster care, particularly in housing, education, employment, and health services. Public non-profit organizations such as "Pride Industries," which employs CalWORKs beneficiaries and people with developmental disabilities, could be called on to help foster youth transition into the workplace and adulthood.

- ✓ ***Extension of the age cap.*** The State should extend foster care eligibility through age 21 as long as these youth are enrolled in high school, GED, or vocational/technical programs full time and make diligent efforts toward completion.

- ✓ ***Earmark scholarship funding.*** The State should assist former foster youth interested in pursuing higher education through scholarships or tuition forgiveness. The Student Aid Commission and the Office of Child Services should administer the scholarships, track scholarship recipients, and report to the Legislature on outcomes of foster youth.

- ✓ ***Track outcomes and mentor when needed.*** The State should monitor emancipating youth and intensify mentoring and other assistance to those struggling with their independence. Based on this monitoring, the State should assess the effectiveness of foster care programs and transitional services.

Conclusion

To help maltreated children, the State needs to prevent abuse where it can, provide high-quality and short-term foster care if it is necessary, and find and support a permanent home for all abused children – back with their family when it is possible, or in an adoptive home when it is not.

The problems underlying contemporary child abuse – drug abuse, among them – are much more complicated than in the past. And so following the above formula will in every case be a challenge.

To make this strategy work, California's elected leaders need to make child abuse a top priority, affirm the State's obligation to provide the highest quality of care, and set clear goals for public officials to pursue. Next, policy-makers should put in place a mechanism – a manager – with the authority to integrate the disparate public services needed to rescue children and heal families. And finally, that manager, representing the state and county partners, should be held accountable for improving the lives of children and helping policy-makers to continuously improve the effectiveness of the strategy.

The opportunity for fundamental change is present. Proposition 10, enacted by the voters in 1998, focuses California's communities on children and funds programs to improve their health, safety and development. A new administration allows for renewed energy to take on this problem and build stronger relationships between federal, state, and local agencies. A federal official emphasized the desire for cooperation:

> *In some respects, child welfare in California is at a crossroads. The system has suffered some tragedies recently and faces many challenges. But now there is an opportunity to capitalize on the attention that has been drawn to the system, in order to make concrete improvements in the lives of abused and neglected children and youth. To do this the State must exercise leadership in working with the counties. At the federal level, we are also ready and willing to work in partnership with California to support positive changes in the system.*[141]

Finally, legislators have created pilot projects that are giving policy-makers and program managers a basis for developing systematic reforms. Among them:

☐ Targeted early intervention programs.

☐ Wrap-around support services for troubled families and abused children.

☐ Family conferencing and planning models to assist families create healthy, safe, and nurturing environments for their children.

☐ Efforts to reengineer foster care and group homes to make out-of-home care short-term, family supportive, and developmentally appropriate.

☐ Efforts to strengthen the ability of relatives to care for abused children.

☐ New strategies to help youth who leave the State as adults, recognizing that they may need the same assistance that most teenagers need to start lives of their own.

The challenge before the State is to marshal the commitment to build on our past experience, embrace new solutions, and save the next generation of children from the consequences of abuse.

Internet Sources of Information on Child Welfare

Many organizations and agencies are involved in promoting child welfare. The following Internet websites provide up-to-date information on data, resources and policies for protecting and caring for abused and neglected children.

These resources are accessible through the Little Hoover Commission's website, http://www.lhc.ca.gov/lhc.html. In addition, the Commission's web site provides information on current legislation and other efforts to implement the recommendations in this report.

Educational Institutions and Research Centers

Child Welfare Research Center, University of California, Berkeley – Repository for statewide database of children in foster care – research studies, analysis, and reports about children and families. http://cssr21.socwel.berkeley.edu/cwrc/cwrcpro.html

University of Wisconsin, School of Social Work – Numerous studies, analyses, and articles regarding child abuse, child abuse prevention, foster care, adoption, and welfare programs. http://polyglot.lss.wisc.edu/socwork/

Chapin Hall Center for Children at the University of Chicago – Research and development center dedicated to rigorous analyses, innovative ideas, and an independent perspective on the ongoing public debate about child welfare programs. http://www.chapin.uchicago.edu/

National Data Archive on Child Abuse and Neglect, Cornell University – Clearinghouse for data on child abuse and neglect. http://www.ndacan.cornell.edu

Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) – A consortium of long-term research studies coordinated through the University of North Carolina, Chapel Hill. http://www.bios.unc.edu/cscc/LONG/

State Offices

California Department of Finance – Information regarding funding for children's services programs in California. Includes program descriptions, Governor's budget initiatives, workload data, and performance reviews and audits. http://www.dof.ca.gov

California Department of Social Services – Information regarding state programs for child abuse prevention, provider licensing, foster care and adoption. http://www.dss.cahwnet.gov

California Department of Health Services – Information concerning vision, dental, and other health care coverage for children in the child welfare system. Eligibility information and benefit coverage for children and families covered by the Medi-Cal program. http://www.dhs.cahwnet.gov

California Department of Mental Health – Information regarding California's Children's System of Care mental health program. http://www.dmh.cahwnet.gov

California Legislative Counsel – Information regarding pending and enacted legislation regarding child abuse reporting, early intervention programs, foster care, adoptions, independent living programs, and other social service and child welfare programs. Also provides information on state agency reports filed with the Legislature. http://www.leginfo.ca.gov

Federal Offices

U.S. Health and Human Services Agency, Administration for Children and Families – Information regarding federal funding available for children's services and family support, program descriptions and requirements, studies, reports, and program reviews. Source for nationwide data on foster care and adoption caseloads. http://www.acf.dhhs.gov

U.S. Health and Human Services Agency, Health Care Financing Administration – Information regarding the federal Medicaid program: program eligibility, requirements for federal matching fund participation, analyses, studies, and reports regarding programs, services, and children and family caseloads nationwide. http://www.hcfa.gov

U.S. Health and Human Services Agency, Assistant Secretary of Planning and Evaluation – Source for information regarding national trends in welfare programs, child welfare services, and studies regarding child abuse and families. http://aspe.os.dhhs.gov

Non-Profit Agencies

Resources for Youth – A public education campaign funded by a grant from the California Wellness Foundation. Promotes increased public and private investment in programs that prevent violence against youth. http://www.preventviolence.org

Kellogg Foundation – Clearinghouse for information on Kellogg Foundation programs to prevent abuse, strengthen families, and encourage adoption efforts through community-based initiatives. http://www.wkkf.org/

Center for the Future of Children, The David and Lucille Packard Foundation – Studies, reports, and articles regarding children, child welfare programs, and child development research. http://www.futureofchildren.org

Child Welfare League of America – An association of nonprofit and private child welfare organizations. Develops programs and advocates at the national level for child welfare policies. http://www.cwla.org

Child Trends, Inc. – Researches and analyzes data on children, youth and families and produces reports. http://www.childtrends.org

Annie E. Casey Foundation – The "Kids Count" page provides links to data on child well-being in all 50 states. http://www.aecf.org/kidscount/

National Court Appointed Special Advocates (CASA) Association – Supports a network of volunteer child advocates assisting children in the child welfare system. http://www.casanet.org.

Appendices & Notes

Endnote References and Information on:

- ✓ *Members of the Advisory Committee*
- ✓ *Commission Public Hearing Witnesses*
- ✓ *Legislation Cited In This Report*
- ✓ *Foster Care Projection Methodology*

Appendix A

Little Hoover Commission Abused & Neglected Children Advisory Committee

The following people served on the Abused & Neglected Children Advisory Committee. Under the Little Hoover Commission's process, advisory committee members provide expertise and information but do not vote on the final product. The list below reflects the titles and positions of committee members at the time of the advisory committee meetings in 1998.

Erin Aaberg
Aaberg & Associates

William F. Abrams
Interested Individual

Supervisor Blanca Alvarado
Santa Clara County
Board of Supervisors

Alison Anderson
Consultant, Senate Public Safety Committee

Eloise Anderson
Director, CA Department of Social Services
(DSS)

Karen Anderson
Interested Individual

Sheila Anderson
Child Abuse Prevention Council

Lynne Appel
Southern California Alcohol & Drug
Programs, Inc.

Assemblymember Dion Aroner
Chair, Assembly Human Services Committee

Patrick Ashby
Chief, Foster Care Branch, DSS

Deborah S. Bailey
Protective Parents of Sacramento

Christopher Baker
Interested Individual

Arobia Battle
California Association of Children's Homes

Wesley A. Beers
Chief, Adoptions Branch, DSS

Kimberly S. Belshé
Director, CA Department of Health Services
(DHS)

Jill Duerr Berrick, Ph.D.
Director, Center for Social Services Research
at the School of Social Welfare, UC Berkeley

Lawrence Bolton
Chief Counsel, DSS

Sue Bottini
Medi-Cal Policy Division, Benefits Branch,
DHS

Dennis Boyle
President, County Welfare Director's
Association

Commissioner Patricia Bresee
San Mateo Superior and Municipal Courts

Carol Brown
City of Berkeley, Child Health & Disability
Prevention Program

Kathleen Buder
Interested Individual

Linda Burden
Policy Consultant, CA Children's Lobby

Elaine Bush
Director, CA Department of Alcohol & Drug Programs

Dawn Bzeek
Interested Individual

Marilyn Callaway
Director, San Diego County Juvenile Court Operations

Catherine Camp
Executive Director, CA Mental Health Directors Association

Yvonne Campbell
Deputy Director, San Diego County Health & Human Services Agency

Rebecca Carabez
San Francisco General Hospital

Terri Carbaugh
Interested Individual

Dan Carey
League of California Cities

Helen Cavanaugh Stauts
Sierra Adoptions

Sai-Ling Chan-Sew
Director, Children, Youth & Family Services, San Francisco Department of Public Health, Community Mental Health Services

Carol Chrisman
Referee, Sacramento County Juvenile Court

Irene Redondo Churchward
Project INFO Community Services

Jim Cicconetti
Medi-Cal Policy Division, Benefits Branch, DHS

Henry Coker
Chief Deputy Public Defender

Margaret Connolly
Interested Individual

Terri Cowger
Legislative Advocate, CA Children's Lobby

Lou Del Gaudio
Manager, Placement Resources Unit, DSS

Peter Digre
Director, Los Angeles County Department of Children and Family Services

Mary Helen Doherty
Assistant to the Director, Santa Clara County Social Services Agency

Pat Herrera Duran
Joint Efforts, Inc.

Valerie Early
Program Manager, Solano County

Fran Edelstein
Deputy Director, CA Association of Children's Homes

Honorable Leonard P. Edwards
Judge, Santa Clara County Juvenile Court

Mary Emmons
Director, Children's Institute International

Pat Englehard
Alameda County Family & Children Services

Randall Feltman
Deputy Director, Ventura County CalWorks Implementation

Mary Fermazin
Chief, Medi-Cal Managed Care Division, DHS

Jared Fine
Alameda County Public Health Department

Victoria Finkler
California Youth Connection

Cassandra Flipper
Director, Court Appointed Special Advocates

Paul Frank
Office of Assemblymember Deborah Ortiz

Barbara Friedman
Director, Los Angeles County Health Plan

Mark Friedman
Fiscal Policy Studies Institute

Genevra Gilden
Division Chief, Los Angeles County Department of Children and Family Services

Maridee Gregory
Chief, Medical Services, DHS

Steve Gross
Interested Individual

Neal Halfon
Director, UCLA Center for Healthier Children

Kathryn Hall
Director, Birthing Project

Mike Hansell
Sacramento Child Advocates

Astrid Heger, M.D.
Children's Hospital Oakland, Center for the Vulnerable Child

Gail Helms
Interested Individual

Whitnie Henderson
Judicial Council, Office of Governmental Affairs

Pat Herrera
Joint Efforts, Inc.

Mary Lu Hickman
Medical Consultant, CA Department of Developmental Services

Elizabeth G. Hill
Legislative Analyst, State of California

Donna Hitchens
Supervising Judge of the San Francisco Unified Family Court

Carole A. Hood
Executive Director, CA Association of Services for Children

Kathleen Howard
Judicial Council, Governmental Affairs

Jim Hunt
Director, Sacramento County Department of Health & Human Services

Irene Ibarra
Alameda Alliance for Health

Joyce Iseri
Executive Director, CA Association of Children's Homes

Michael Jett
Deputy Director, Office of Child Development and Education

Grantland Johnson
Regional Director, U.S. Department of Health & Human Services

Diana Kalcic
Legislative Analyst for Santa Clara County

Kate Karpilow, Ph.D.
Institute for Research on Women & Families

Neal Kaufman, M.D.
Director, Primary Care Pediatrics,
Cedars-Sinai Medical Center

Marjorie Kelley
Deputy Director, DHS Children & Family Services

Lee Kemper
California Center for Health Improvement

Elisabeth Kersten
Director, CA Senate Office of Research

Melissa Kludjian
Consultant to Senator Richard G. Polanco

Janet Knipe
California Youth Connection

Susan Kools, Ph.D., R.N.
Department of Family Health Care Nursing,
University of California, San Francisco

Kathy Kubota
Los Angeles Department of Children and Family Services

Patricia Kuhl
Interested Individual

Sharon Leahy
Los Angeles County Department of Children and Family Services

Yolanda Levy
Administrative Officer, Juvenile Justice Commission, San Diego County

Martha Lopez
Deputy Director, Community Care Licensing Division, DSS

David Mancuso
CA Legislative Analyst's Office

Denise March
President, Santa Clara County Foster Adoptive Parents

Evelyn Mason
Grandparent Relative Provider

Martha Matthews
National Center for Youth Law

Stephen W. Mayberg, Ph.D.
Director, CA Department of Mental Health

Patrice McElroy
National Center for Youth Law

Casey McKeever
Attorney, Western Center for Law and Poverty

Frank Mecca
Executive Director, County Welfare Directors Association

Richard Milhous
Milhous Children's Services

John Miller
Consultant, CA Senate Health & Human Services Committee

Lana Miller
Nurse Consultant, Child Health & Disability Prevention, DHS

Honorable James R. Milliken
Presiding Judge, San Diego Juvenile Court

Angeline Mrva
Chief, MediCal Division Operations, DHS

Honorable Mike Nash
Presiding Judge, Los Angeles Juvenile Court

Sue North
Consultant, CA Senate Economic Development Committee

Sherry Novick
Chief of Staff to Assemblymember Dion Aroner

Linda O'Hanlon
Management Consultant, Payments Systems Division, DHS

Stuart Oppenheim
San Mateo County Human Services Agency

Yolanda Partida
San Diego Department of Health

Patrick Patitucci
Patrick Patitucci and Associates

Margaret Pena
California State Association of Counties

Gary Pettigrew
Deputy Director, System of Care Division, CA Department of Mental Health

Senator Richard G. Polanco
Twenty-Second State Senatorial District

Doug Porter
Deputy Director, DHS

Ruth Range
Child Health & Disability Prevention/Children's Lobby

Irene Redondo Churchward
Project INFO Community Services

John Rodriguez
Deputy Director, Long Term Care Services, CA Department of Mental Health

Steve Roper
Chief, Yuba County Probation Department

Gerald R. Rose
Assistant Director, Child Protective Services, Department of Public Social Services, Riverside County

Honorable Arnold Rosenfield
Judge, Sonoma County Superior Court

Senator Adam Schiff
Chair, Senate Juvenile Justice Subcommittee

Meg Sheldon
Director, Yolo County Department of Social Services

Kathie Skrabo
Director, CA Institute for Mental Health

Laurie Soman
Senior Policy Analyst, Children's Hospital Oakland, Center for the Vulnerable Child

Giovanna Stark
Executive Director, Child Development Policy Advisory Committee

Ron Stoddart
Adoption Attorney

Marjorie Swartz
Representing Western Center for Law and Poverty

Steve Szalay
Executive Director, CA State Association of Counties

John Takayama, Ph.D.
University of California, San Francisco

Tony Teresi
Office of Senator Dede Alpert

Senator Mike Thompson
Chairman, Senate Budget Subcommittee #3

Iantha Thompson
Merced County Department of Public Health

Deanne Tilton
Executive Director, Los Angeles County Interagency Council on Child Abuse & Neglect

Jean Travis
California Protective Parents

Keith Umemoto
Consultant, Senate Health & Human Services Committee

Connie Valentine
California Protective Parents Association

Jennifer Walter
Senior Attorney, CA Judicial Council

Allan Watahara
President, California Children's Lobby

Shannon Wilber
Staff Attorney, Youth Law Center

Graham Wright
President, CA Association of Adoption Agencies

Robin Yeamans
Family Law Specialist Attorney

Appendix B

Little Hoover Commission Public Hearing Witnesses

Witnesses Appearing at Little Hoover Commission Foster Care Public Hearing on September 28, 1998

Dennis Mooney
Foster and Adoptive Parent

Denise Marchu
President, Santa Clara County Foster Adoptive Parents Association

Eloise Anderson
Director, CA Department of Social Services

Stephen W. Mayberg, Ph.D.
Director, CA Department of Mental Health

J. Douglas Porter
Deputy Director, Medical Care Services, CA Department of Mental Health

Randal Feltman
Deputy Director, Ventura County Human Service Agency

Deanne Tilton Durfee
Executive Director, Los Angeles County Interagency Council on Child Abuse and Neglect

Casey McKeever
Directing Attorney, Northern California Office, Western Center for Law and Poverty

Witnesses Appearing at Little Hoover Commission Group Home Public Hearing on October 22, 1998

Carol Williams
Associate Commissioner, Administration on Children, Youth and Families, Children's Bureau, U.S. Department of Health and Human Services

Martha Lopez
Deputy Director, CA Department of Social Services

Elaine D. Bush
Director, CA Department of Drug and Alcohol Programs

Also testifying:
William Baldwin
Myke Buster
Tina Rodriguez

Will Lightbourne
Member, CA Welfare Directors' Association

Genevra Gilden
Division Chief, Los Angeles County Department of Children and Family Services

Jill Duerr Berrick, Ph.D.
Director, Center for Social Services Research at the School of Social Welfare, UC Berkeley

Daniel J. McQuaid
President, CA Association of Services for Children

Ken Berrick
President, CA Association of Children's Homes

Rebecca M. Carabez, R.N.
Public Health Nurse for Foster Care
San Francisco General Hospital

Alfred Perez
Outreach Coordinator, California Youth Connection

Cassandra Flipper
Director, Court Appointed Special Advocates (CASA)

Arnold D. Rosenfield
Judge, Superior Court, Sonoma County

James Milliken
Presiding Judge, San Diego County Juvenile Court

Witnesses Appearing at Little Hoover Commission Adoption Public Hearing on November 19, 1998

Michael W. Weber
Chairperson, U.S. Advisory Board on Child Abuse and Neglect

Stuart Oppenheim
Vice Chair of Children's Services Committee, California Welfare Directors Association

Graham Wright
State President, California Association of Adoption Agencies

Ron Stoddart
Adoption Attorney

Jennifer Walter
Project Supervisor, California Judicial Council

Burt R. Cohen
Assistant Secretary for Program and Fiscal Affairs, California Health and Welfare Agency

Marjorie Kelly
Deputy Director, Div. of Children and Family Services, California Dept. of Social Services

Kathleen Kubota
Director, Governmental Relations, Los Angeles County, Dept. of Children and Family Services

Alan A. Watahara
President, California Partnership for Children

Evelyn Mason
Grandparent of Adopted Child

Appendix C

Legislation Cited in This Report

Bill Number	Chapter Number	Year	Author
AB 546	868	1991	Bronzan
AB 948	91	1991	Bronzan
AB 1193	794	1997	Shelley
AB 1544	793	1997	Committee on Human Services
AB 1741	951	1993	Bates
AB 2773	1056	1998	Committee on Human Services
AB 2779	329	1998	Aroner
SB 163	795	1997	Solis
SB 933	311	1998	Thompson
SB 1573	1153	1992	Thompson
SB 1897	1069	1998	Wright
SB 1901	1055	1998	McPherson
SB 2030	785	1998	Costa

Appendix D

Methodology for Foster Care Projections

I. Methodology for Projected Foster Care Growth – charts on pages i and 23

Data Sources

Number of children in foster care from 1983-87: California Dept. of Social Services (DSS), Foster Care Information System, *FC1520: Cases open on September 30.*

Number of children in foster care 1988-90: Child Welfare Research Center, as published in California Family Impact Seminar, *Family Preservation and Support Services and California's Families,* Seminar Presentations, Handout #6, Nov. 21, 1995.

Number of children in foster care from 1991-97: Child Welfare Research Center, *Performance Indicators for Child Welfare Services in California: 1997.*

Population data and projections: California Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 1970-2040.*

Calculations

FC = Number of children in foster care
POP = Number of children (0-18) in California
RATE = Children in foster care per 1,000 California children = 1000 x FC/POP

PROJECTION A: Number of children in foster care if the rate per thousand continues to grow as it did from 1991 to 1997.

1. Projected the foster care rates per thousand through 2005 using linear regression. The foster care rate per thousand children increased more quickly in the 1980's than in the 1990's. Therefore, only 1991 – 1997 trend data was used to predict future foster care rates. (See results on following page.)

   Regression line: $y = 0.4852x + 4.0215$
   $R^2 = 0.9531$

   ex.1998: x = incremental year (see chart) = 1998-1982 = 16
   $RATE_{1998} = 0.4852(16) + 4.0215$

2. $FC_{1998} = (RATE_{1998})(POP_{1998})/1000$

PROJECTION B: Number of children in foster care if the rate per thousand remains at the 1997 number and all foster care growth is due to population growth.

1. $RATE_{1997} = 1000(FC_{1997}/POP_{1997}) = 11.54$

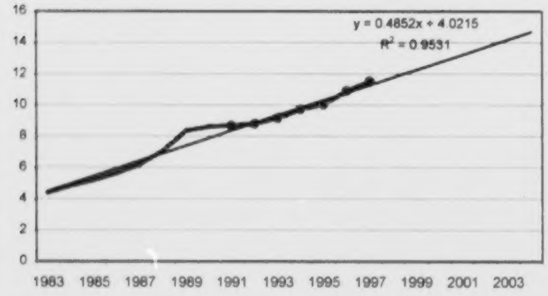
2. $FC_{1998} = (RATE_{1997})(POP_{1998})/1000 = (11.54)(POP_{1998})/1000$
   $FC_{1998} = 0.01154(POP_{1998})$

See results on following page.

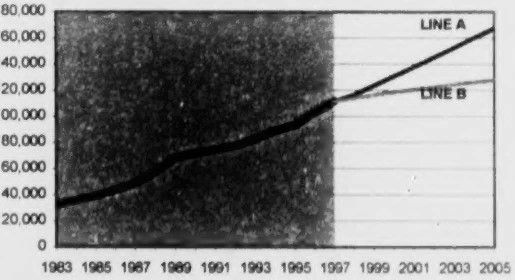
Results

x	Year	POP	Actual FC (Foster Care Population)	Actual RATE	Projected RATE	Projected FC PROJECTION A	Projected FC PROJECTION B
1	1983	7,309,680	32,288	4.42	-	-	-
2	1984	7,412,022	36,068	4.87	-	-	-
3	1985	7,550,619	39,264	5.20	-	-	-
4	1986	7,716,626	43,675	5.66	-	-	-
5	1987	7,878,225	48,709	6.18	-	-	-
6	1988	8,020,963	56,957	7.10	-	-	-
7	1989	8,155,886	68,165	8.36	-	-	-
8	1990	8,296,344	71,675	8.64	-	-	-
9	1991	8,552,343	74,484	8.71	-	-	-
10	1992	8,811,246	77,691	8.82	-	-	-
11	1993	8,995,286	82,414	9.16	-	-	-
12	1994	9,155,615	89,015	9.72	-	-	-
13	1995	9,304,049	93,271	10.02	-	-	-
14	1996	9,449,296	103,269	10.93	-	-	-
15	1997	9,671,488	111,632	11.54	-	-	-
16	1998	9,879,154	-	-	11.78	116,422	114,078
17	1999	10,061,439	-	-	12.27	123,452	116,454
18	2000	10,229,833	-	-	12.75	130,481	118,551
19	2001	10,420,096	-	-	13.24	137,964	120,484
20	2002	10,583,770	-	-	13.73	145,266	122,601
21	2003	10,750,803	-	-	14.21	152,775	124,453
22	2004	10,901,168	-	-	14.70	160,201	126,272
23	2005	11,030,649	-	-	15.18	167,456	127,895

Foster Care Rate Per Thousand Projections



Foster Care Count Projections



LINE A assumes continuing rate increase

LINE B assumes constant rate after 1997

II. Methodology for Foster Care Population Without Reentries – chart on page 95

Data Sources: Child Welfare Resource Center (CWRC), UC Berkeley, *Performance Indicators for Child Welfare Services in California,* 1994-1997 reports.

"End of Year Foster Care Population, Entrances, Re-entries, Exits and Net Change," 1994 and 1997 reports.

"Cumulative Counts and Percentages of Children Exiting Foster Care by Time in Care in Months," Table 7.1, 1994 and 1995 reports.

"First Spell Medial Length of Stay (with First & Third Quartiles) in Months by Placement Type," Table 4.1, 1997 report.

Assumption: Time in care for reentries is not significantly different from time in care for first entries.

Calculations

Steps 1 – 3: Estimated the number of children exiting foster care each year (1988-1997) who were reentries.

1. Obtained cumulative percentages of children (1988-1995 entrants) exiting care from 1988 to 1995 by time in care – from CWRC 1994 and 1995 reports. Projected cumulative exits through 1997 for 1988-1992 entrants.

   For 1988-1992 entrants: Used CWRC cumulative percentages, fit a natural log regression line to each data set to obtain estimates for exits from 1993 to 1997:

   1988: $y = 0.3581\mathrm{Ln}(x) + 0.1801$ ($R^2 = 0.9534$)
   1989: $y = 0.3642\mathrm{Ln}(x) + 0.1884$ ($R^2 = 0.9847$)
   1990: $y = 0.3186\mathrm{Ln}(x) + 0.2524$ ($R^2 = 0.9922$)
   1991: $y = 0.2923\mathrm{Ln}(x) + 0.2734$ ($R^2 = 0.9870$)
   1992: $y = 0.2837\mathrm{Ln}(x) + 0.2517$ ($R^2 = 0.9898$)

   For 1993-1997 entrants, where cumulative percentages were not available: Estimated percentage of entries exiting each year using CWRC 1997 data on length of time for the first, second and third quartiles of an entry cohort to exit.

2. Calculated the percentage of entries exiting each year using cumulative percentages from step 1. (See chart below for results.) Example:

   % of 1988 entries exiting in 1990 = (% exiting by 1990) – (% exiting by 1989).

Proportion of entries exiting each year, by entry year

Standard figures were calculated directly from CWRC data. Figures in italics are projections (see step 1). Shaded figures are estimates based on CWRC data on median and quartile lengths of stay.

Entry Year / Exit Year	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
1988	0.222	-	-	-	-	-	-	-	-	-
1989	0.154	0.217	-	-	-	-	-	-	-	-
1990	0.172	0.174	0.261	-	-	-	-	-	-	-
1991	0.100	0.199	0.182	0.269	-	-	-	-	-	-
1992	0.173	0.095	0.178	0.188	0.253	-	-	-	-	-
1993	*0.001*	0.123	0.081	0.169	0.174	0.320	-	-	-	-
1994	*0.055*	0.028	0.074	0.077	0.168	0.113	0.297	-	-	-
1995	*0.048*	*0.061*	0.032	0.026	0.048	0.102	0.109	0.250	-	-
1996	*0.042*	*0.049*	*0.064*	0.051	0.066	0.095	0.094	0.150	0.250	-
1997	*0.033*	*0.043*	*0.043*	*0.062*	*0.057*	0.070	0.120	0.100	0.150	0.250

3. CWRC data on the number of reentries each year and exit percentages calculated in step 2 used to calculate the number of 1988-1997 reentries exiting each year. Example:

R = no. of reentries
$P_{88/94}$ = percentage of 1988 reentries exiting in 1994 (from chart)

$$\begin{aligned}\text{1994 Reentry Exits} &= R_{88}(P_{88/94}) + R_{89}(P_{89/94}) + R_{90}(P_{90/94}) + R_{91}(P_{91/94}) + R_{92}(P_{92/94}) + \\ &\quad R_{93}(P_{93/94}) + R_{94}(P_{94/94}) \\ &= 3748(0.055) + 4866(0.028) + 5038(0.074) + 6161(0.077) + \\ &\quad 6622(0.168) + 7303(0.113) + 7949(0.297) \\ &= 5{,}489\end{aligned}$$

4. Calculated number of children in foster care in 1988 without 1988 reentries (FC′). Used actual 1988 foster care population (FC), subtracted the number of reentries (R), and added the number of exits due to reentries (ER). Example:

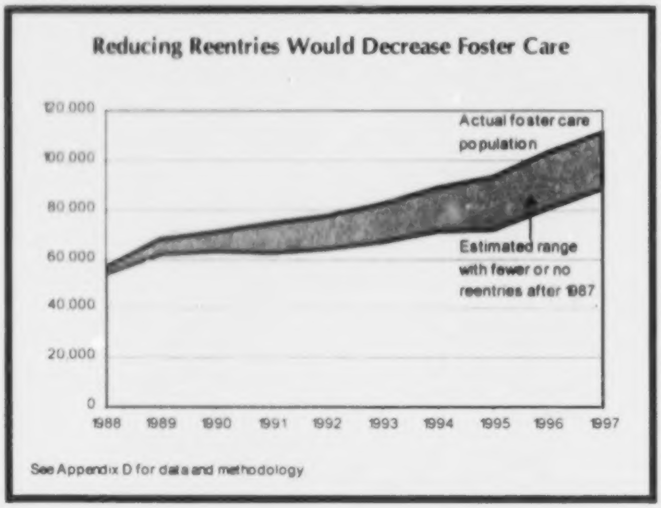
$$\begin{aligned}FC'_{88} &= FC_{88} - R_{88} + ER_{88} \\ &= 56{,}957 - 3{,}748 + 832 \\ &= 54{,}041\end{aligned}$$

5. Calculated the number of children in foster care in 1989 – 1997. Example:

NEW = new entries
ER = reentry exits
EXIT = total exits

$$\begin{aligned}FC'_{89} &= FC'_{88} + NEW_{89} - EXIT_{89} + ER_{94} \\ &= 54{,}041 + 28{,}484 - 22{,}142 + 1{,}633 \\ &= 62{,}016\end{aligned}$$

Year	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Actual FC Pop	56,957	68,165	71,024	74,484	77,691	82414	89,015	93,271	103,269	111,632
New Entries	25,957	28,484	27,082	25,765	25,970	27339	29,618	29,088	31,655	31,224
Total Exits	18,352	22,142	28,788	30,421	29,385	29919	30,966	32,793	29,494	29,384
Reentry Exits	832	1,633	2,806	3,917	4,841	5,540	5,489	4,717	6,065	6,377
FC' (no reentries)	54,041	60,352	61,452	60,714	62,140	65,099	69,240	70,253	78,478	86,696


Reducing Reentries Would Decrease Foster Care

See Appendix D for data and methodology

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LITTLE HOOVER COMMISSION MEMBERS

CHAIRMAN RICHARD R. TERZIAN *(R-Los Angeles)* Originally appointed to the Commission by Governor George Deukmejian in May 1986. Reappointed by Governor Pete Wilson in March 1994 and in March 1998. Partner in the law firm of LeBoeuf, Lamb, Greene & MacRae. Chairman of the Commission since March 1994. Served as Vice-Chairman from 1992 to 1994.

VICE CHAIR MICHAEL E. ALPERT *(D-Coronado)* Originally appointed to the Little Hoover Commission by Assembly Speaker Willie L. Brown, Jr. in May 1994. Reappointed by the Senate Rules Committee in August 1997. Retired partner in the law firm of Gibson, Dunn & Crutcher. Former Chief Deputy Commissioner of the California Department of Corporations.

ASSEMBLYMEMBER BILL CAMPBELL *(R-Villa Park)* Appointed to the Little Hoover Commission by Assembly Speaker Antonio Villaraigosa in January 1999. Elected to the 71st State Assembly District in 1996. Vice Chair of the Assembly Education Committee.

CARL COVITZ *(R-Los Angeles)* Appointed to the Little Hoover Commission by Governor Pete Wilson in October 1993. Reappointed in March 1996. Owner and President of Landmark Capital, Inc. Served as Secretary of the Business, Transportation and Housing Agency from 1991 to 1993 and Undersecretary for the U.S. Department of Housing and Urban Development from 1987 to 1989.

DANIEL W. HANCOCK *(D-Milpitas)* Appointed to the Little Hoover Commission by Assembly Speaker Cruz Bustamante in July 1997. President of Shapell Industries of Northern California since 1985.

ASSEMBLYMEMBER SALLY HAVICE *(D-Cerritos)* Appointed to the Little Hoover Commission by Assembly Speaker Antonio Villaraigosa in April 1998. Elected to the 56th State Assembly District in 1996. Chair of the Assembly International Trade & Development Committee.

GARY H. HUNT *(R-Corona del Mar)* Appointed to the Little Hoover Commission by Governor Pete Wilson in March 1998. Executive vice president of corporate affairs and administration for The Irvine Company.

GWEN MOORE *(D-Los Angeles)* First appointed as a legislative member to the Little Hoover Commission by Assembly Speaker Willie L. Brown, Jr. in October 1984. Appointed as a public member by Brown in May 1995. Founder and Chief Executive Officer of GeM Communications Group. Member of the California State Assembly from 1978 to 1994.

ANGIE PAPADAKIS *(R-Rancho Palos Verdes)* Originally appointed to the Little Hoover Commission by Governor George Deukmejian in August 1990. Reappointed by Governor Pete Wilson in March 1996. Former President of Papadakis Advertising. Serves on the California-Nevada Super Speed Train Commission.

SENATOR CHARLES S. POOCHIGIAN *(R-Fresno)* Appointed to the Little Hoover Commission by Assembly Speaker Curt Pringle in March 1996. Reappointed by Speaker Antonio Villaraigosa in November 1997, and reappointed by the Senate Rules Committee in February 1999. Elected to the 14th State Senate District in 1998. Vice Chair of the Senate Revenue and Taxation Committee.

SENATOR JOHN VASCONCELLOS *(D-Santa Clara)* Appointed to the Little Hoover Commission by the Senate Rules Committee in February 1997. Elected to the 13th State Senate District in 1996 after serving in the Assembly for 30 years. Chair of the Senate Public Safety Committee, the Subcommittee on Aging and Long-Term Care, and the Select Committee on Economic Development.

SEAN WALSH *(R-Sacramento)* Appointed to the Little Hoover Commission by Governor Pete Wilson in December 1998. Former Deputy Chief of Staff, Communications & Press for Governor Wilson.

STANLEY R. ZAX *(I-Beverly Hills)* Appointed to the Little Hoover Commission by the Senate Rules Committee in March 1994. Reappointed in January 1998. Chairman and President of Zenith Insurance Company.

"Democracy itself is a process of change, and satisfaction and complacency are enemies of good government."

Governor Edmund G. "Pat" Brown,
addressing the inaugural meeting of the Little Hoover Commission,
April 24, 1962, Sacramento, California

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